SIDS Awareness Research

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A Quantitative Tracking Study

Conducted for

Keating Magee
Marketing Advertising Public Relations

New Orleans, Louisiana

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Executive Summary

Key Findings

From this quantitative study of 400 women who live in Louisiana, several critical information points should be considered as Keating Magee pursues marketing communication strategies.

- Over the past two years, there has been an increase in mentions of Sudden Infant Death Syndrome (SIDS) as the most common cause of unexpected death for children (from 58 percent in 2002 to 64 percent in 2004).
- The number of women who do not recall SIDS or crib death without prompting (23 percent) has decreased since the last assessment (32 percent).
- Women most likely unaware of SIDS are typically between the ages of 21 and 24 years, African-American, nonsmokers, use baby formula, earn household incomes less than $10,000, and have more than one child.
- Only 14 percent of the women who are unfamiliar with SIDS have never even heard of the term. This represents a significant decrease since the 2002 iteration (30 percent).
- While television (24 percent) and word of mouth (18 percent) remain the top sources for first learning about SIDS, doctors (14 percent) have increased as this source since the last measurement (8 percent).
- As the top information access source for SIDS, use of the television (23 percent) for SIDS education has increased since the 2002 assessment (18 percent).
- Over the past two years, the number of people who believe laying babies on their backs is the best option for sleep has dramatically increased (from 37 percent in 2002 to 60 percent in 2004), while the number who perceive the side or stomach as the best position has declined.
- The number of people who believe laying supine is the safest way for babies to sleep has grown considerably (from 42 percent in 2002 to 64 percent in 2004). Similarly, perception that the side or stomach is best for sleeping has dropped off noticeably.
- There has been an increase in the propensity for mothers to lay their babies down to sleep on their backs (from 34 percent in 2002 to 50 percent in 2004), instead of their sides (36 percent) or stomachs (14 percent).

- Mothers are now more apt to lay a baby down for sleep in a crib (from 71 percent in 2002 to 78 percent in 2004) versus a bed or other location.
- The propensity to allow extraneous items or persons in a sleeping baby's crib or bed has drastically decreased since the last iteration. Use of extra blankets is the only tendency that has grown since the 2002 assessment.
- A decrease in the number of women who perceive the presence of external items in the crib to have no effect on the chance of SIDS suggests increased awareness that such items can impact the risk of SIDS.
- Characteristics of women least likely to realize that having extra items in bed with infants can impact the risk of SIDS include: African-American, single mother, smoker, high school education or less, and use of formula instead of breast milk.
- Women most likely to listen to a mother's or grandmother's advice on positioning a baby for sleep rarely show unprompted familiarity with SIDS, currently lay their infants to be on their stomachs, and perceive extra items in the crib to potentially decrease the risk of SIDS.
- Single African-American mothers over the age of 24 are the most likely women to follow pediatrician recommendations for positioning a baby for sleep.
- As in 2002, virtually all (95 percent) women would be very (83 percent) or somewhat likely (12 percent) to change the way they lay their babies to sleep in response to learning risks associated with certain sleeping positions.
- Nearly all women surveyed would not allow smoke around their infants nor place stuffed animals in their infants' beds if they learned such practices could increase the baby's risk of SIDS/crib death.

Points for Consideration

- Awareness of SIDS and factors that potentially increase or decrease the likelihood of SIDS has increased noticeably over the past two years. This awareness is particularly strong in Caucasian mothers with more than a high school education.
- There remain two audiences of women with below-average SIDS awareness: (1) African-American women and/or women from households with very low income are notably less familiar with SIDS than Anglos and/or women who are more fortunate, and (2) women who are not pregnant or have never had children also show low awareness of SIDS and the aspects associated with increasing or decreasing SIDS.

Chapter 1

Introduction

This study was commissioned by the administration of Partners for Keating Magee, to meet the following objectives:

- Measure awareness of SIDS and its risk factors among women 18–29 years of age.
- Determine the overall perception and attitudes toward SIDS among women 18–29 years of age.
- Generate findings and recommendations that can be converted effectively into business development program expansion, communications strategies, specific message points, and innovative marketing programs.

Due to the nature of the material found in this report, Saurage Research, Inc. recommends that all information provided in the following pages be kept confidential. Saurage Research, Inc. may not be held liable for any action resulting from the dissemination of information in this report to individuals for whom this data is not intended. The information contained in this report is prepared for the administration of Keating Magee.

Chapter 2

Methodology

In designing a research study to define and clarify the major issues outlined in the previous chapter, it was determined that Keating Magee would need data from a representative sample of women who are 18 to 29 years of age, whose household income level is predominantly $25,000 or less, and who reside in the state of Louisiana. A quantitative telephone interview methodology was employed to gather data analyzed for this research effort. Respondents surveyed are representative of this market and are demographically parallel to the stratifying characteristics of the target market.

Sample Design

Sample design was an important component of this phase of the research plan and was considered relative to cost and the acceptable rate of error. In this case, for the target completion sample size of *N*=400 in a worst-case scenario, a binomial response (50:50) to any question will yield a 4.9 percent rate of error at the 95 percent level of confidence, which is well within the acceptable range. As sample size decreases, rate of error increases. *A Table of Random Sampling Error Ranges* is presented in Appendix C as a tool to assist in reviewing results of this quantitative research effort.

Sample Frame

In order to obtain an appropriate sample, Saurage Research, Inc. based all interview calls for the telephone portion of this study on a listed sample generated from a professional sample provider with age (18–29 years of age), gender (female) and an annual household income concentration (less than $25,000) placed on the sample. Respondents with incomes of $25,000 to $29,999 were included, but their representation was held at 12 percent maximum.

The research firm was provided a sample frame of 16,621 women who meet or are targeted as the age and household income criteria previously described.

Our telephone sampling requirements allow for four callbacks before permanently discarding one telephone number and selecting another for inclusion in the sample. This system allows us to decrease the bias which occurs because some individuals are more likely to be home, more likely to respond to telephone questionnaires, more opinionated and so forth.

Interviewing procedures for this 14-minute survey (+/-4 minutes), designed to run 10 minutes in administration length, were conducted on the dates of December 3-19, 2004, during the evening hours of weekdays and on the weekend to eliminate bias toward unemployed members of households.

A total of 40,469 attempts (including wrong numbers, busy signals, no answers and nonworking telephone numbers) were made to obtain 400 completions, for a secondary incidence rate of approximately 1 percent. A primary incidence rate of 4.5 percent was achieved by virtue of the 8,939 connections made (these include terminations, non-qualified respondents and refusals). Even using four targeted samples (by age, geo and income), the incidence of the target respondent within the tightly controlled sample was 16.2 percent. Nine in ten women who qualified for completion agreed to do the survey (89 percent cooperation rate). One-half (55 percent) refused before qualification questions were completed. A copy of the survey instrument used to interview area residents can be found in Appendix A.

Survey Instrument Design

Designing a survey instrument is one of the more critical components in the marketing research process. Saurage Research conducts only highly customized questionnaire design, and does not subscribe to using template questionnaires. The survey instrument is designed uniquely, although it does include some very standard question areas.

Questions presented to respondents must be clear, unambiguous, concise and relevant; the answers must be translatable into useful information. Questions must be asked in objective fashion in order to obtain responses that are truly representative.

Once the project management team discussed critical issues that were to be handled within the research program, Saurage Research developed a questionnaire that meets our strict survey design standards:

- **Comprehensive Issues Coverage**
  All questions relevant to pertinent issues were addressed within the context of the research project. Proposed questions that gained irrelevant information were eliminated from the survey instrument while other concerns were challenged, often using multiple methodologies, in order to secure true perceptions as expressed by the sample population.

- **Objective Presentation of Questions**
  Questions were presented objectively to avoid any bias. Bias is a factor that can alter the results, negatively affect key findings, and render any action taken as ineffective. A tremendous amount of effort was exerted during the questionnaire design phase to avoid any possibility of bias within the survey instrument.

- **Succinct Wording**
  In order to maintain heightened interest by the survey respondent and to reduce the level of respondent fatigue, the questions on the survey instrument were specific so as to avoid confusing or misleading respondents. Each question was designed, pretested, and recomposed to assure a fluid and dynamic interaction with the respondent being interviewed.

- **Useful Response Results**
  Information that is useful translates into effective marketing strategies and promotional planning. Although a question may be deemed critical by

management for inclusion on a survey instrument, the answer may not be useful in providing direction for action. Therefore, we developed, pretested, and restructured questions so that resulting information might be of the type that can be assimilated into the client's plan of goals and objectives.

Data Collection Procedures

Saurage Research, Inc. utilized a professional, experienced CATI (Computer Assisted Telephone Interviewing) field service provider for the data collection associated with this project. Our data collection specifications are quite strict and disallow any unprofessional practices (*e.g.,* calling persons already known to the interviewer, using a less-than-courteous tone of voice, skipping questions, paraphrasing a respondent's answer). Verification procedures are 15 percent minimum; 100 percent proofing and editing is standard for all work conducted. Saurage Research supervised the field service provider to maintain optimal accuracy in all work completed.

All interviewing staff were thoroughly trained on every aspect of the survey instruments before they began data collection. However, prior to data collection procedures, the telephone questionnaire was pretested (n = 24) and reviewed to avert problems with ambiguity and question confusion.

Data Verification

Following the completion of the CATI data collection process, highly structured coding and data verification procedures were used to ensure high-quality data. In addition, all variables and values were checked to verify that they were within appropriate ranges and that inappropriate multivariate outliers are corrected.

Answers to opened-end questions were grouped according to their intrinsic relationship to one another. In this manner, response derivations that are usable were developed so that the amount of information available in the original large set of variables was retained in the smaller, more manageable number of factors.

At this juncture, data were introduced into a customized client database, in ASCII format, and were verified once again, using the SPSS system. A full statistical analysis followed, using SPSS.

Unless instructed to permanently remove data from magnetic media, one verified, permanent copy of the raw data and execution program will be stored in our permanent archives upon completion of this research program.

Statistical Analysis of Data

Saurage Research, Inc. uses nonparametric as well as bivariate and multivariate statistical techniques in conducting data analyses for quantitative studies. Initially, we conducted rather standardized data analysis procedures by reviewing descriptive frequency counts and cross-tabulations of responses for variables of interest and perceptual significance. Responses based on Likert scales were analyzed through a mean average procedure that often provides more useful information than a multiple-category response. In some cases, the response

options included in the Likert scales were collapsed into fewer groups for a clearer and more concise analysis.

Percentages and cross-tabulations were completed to understand individuals' hospital choices based on type of care and preferred hospital vs. primary hospital. Reasons for hospital selection or past admittance to various hospitals also were examined based on frequencies and cross-tabulations. Furthermore, percentages and cross-tabulations were used to analyze other questions pertaining to physicians. Frequencies were used to investigate the influence of stratifying variables by demographic characteristics, including residential market/area, age, level of education, annual household income, occupation, household size, payer classification, length of residency and gender. Associated tests of significance (*e.g.,* Chi-square, Spearman- and Pearson-correlation coefficients) were computed to statistically test and isolate important influential variables.

Other univariate statistical tests used include independent t-tests and analysis of variance. These tests were deemed appropriate to test for differences between demographic characteristics with respect to likelihood to alter the behavior associated with laying a baby down to sleep.

Bullets are used throughout this report to identify significant findings based on statistical tests. Upon reviewing statistically significant and substantively significant relationships that occur throughout the data, specifically targeted conclusions have been made to assist in understanding the results of analysis. If subanalysis is required after client review of initial research results, this will be generated in prompt fashion.

Statistical Notes

All descriptive information and analytical findings presented in this document reflect the use of nonparametric as well as bivariate and multivariate statistical techniques. However, to maintain real-world usability of these research findings, statistics are most often provided in terms of absolute number of responses, percentages and mean averages.

Percentages may not add to 100 percent due to rounding or the acceptance of multiple responses. Also, some respondents did not answer all questions, usually because of questionnaire design and contingency patterns. Therefore, base numbers may differ among the various quantitative questions presented.

Chapter 3

Summary of Findings

Awareness

"Based on what you know or may have heard or read, what is the most common cause of unexpected death for children between the ages of 1 month and 1 year?"

As shown in Figure 3–1, since the 2002 measurement (58 percent) there has been an increase in the number of respondents who cite SIDS/ Sudden Infant Death Syndrome (64 percent) as the most common cause of unexpected death for children. Fortunately, citations of both accidents (7 percent) and abuse (3 percent) have notably decreased over the past two years (from 18 percent and 14 percent, respectively, in 2002).

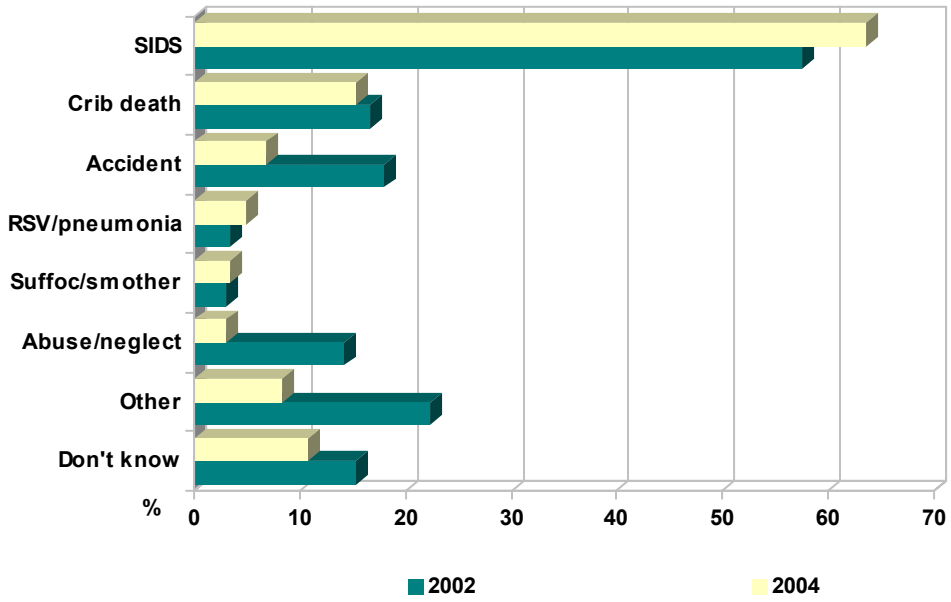

Figure 3–1
Most Common Cause of Unexpected Death

- Women who think of SIDS first when recalling causes of unexpected death for children most likely first heard of SIDS from a magazine.

KEY FINDING

Over the past two years, there has been an increase in mentions of SIDS/ Sudden Infant Death Syndrome as the most common cause of unexpected death for children (from 58 percent in 2002 to 64 percent in 2004).

Figure 3–2 cross compares changes in awareness of SIDS and crib death. Over the past two years, respondent awareness of either SIDS or crib death has increased, while the number of people familiar with neither has notably decreased (from 32 percent in 2002 to 23 percent in 2004.)

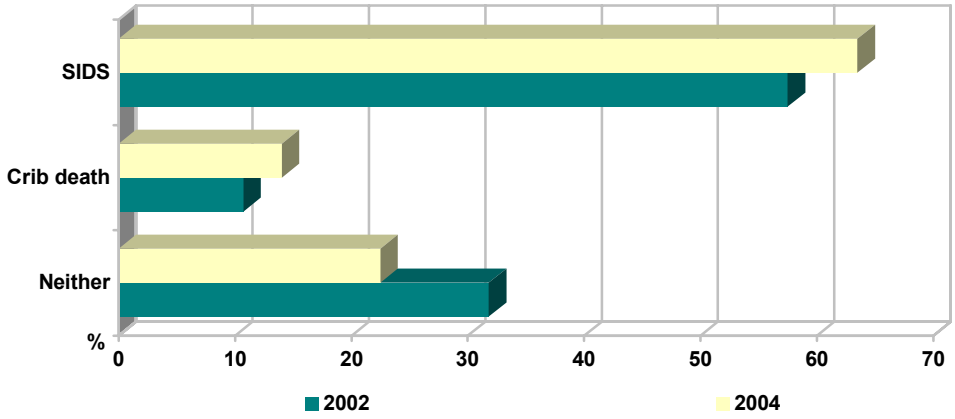

Figure 3–2
SIDS or Crib Death as Cause of Unexpected Death

KEY FINDING

The number of women who do not recall SIDS or crib death without prompting (23 percent) has decreased since the last assessment (32 percent).

- One-third (34 percent) of area females who have no children lack top-of-mind awareness SIDS or crib death as an unexpected cause of death in children.
- Of all mothers surveyed, only 4 percent are completely unfamiliar with SIDS, and for those without children, 6 percent are not familiar with SIDS. These same percentages hold true for crib death.
- Approximately one-fourth (24 percent) of African-American women exhibit no top-of-mind awareness of either SIDS or crib death.

- More than three-fourths (76 percent) of respondents who are currently married mention SIDS without prompting as an unexpected cause of death in children.

Figure 3–3 stratifies the demographic characteristics of the sample by awareness of SIDS or crib death.

	Mentioned SIDS	Mentioned crib death but not SIDS	Mentioned neither SIDS or crib death
Total Sample	**63.5**	**14.0**	**22.5**
Children in Household			
Yes	72.4	11.8	15.7
No	47.9	17.8	34.2
Age of Youngest Child			
Less than 1 year	64.4	11.1	24.4
1 year	86.7	11.1	2.2
2 years	86.8	3.8	9.4
3 years	73.9	21.7	4.3
More than 3 years	59.8	14.9	25.3
No children	47.9	17.8	34.2
Respondent Age			
18–20 years	54.7	10.9	34.4
21–24 years	71.1	13.2	15.8
25–29 years	62.2	15.3	22.5
Pregnant			
Yes	70.8	12.5	16.7
No	63.0	14.1	22.9
Level of Education			
Less than HS deg	54.9	17.6	27.5
High school degree	61.0	13.0	26.0
Some college	64.2	15.2	20.6
Bachelor/Associate degree	72.5	10.1	17.4
Postgraduate work	60.0	13.3	26.7
Ethnicity			
African-American	56.5	19.4	24.1
Hispanic	85.7		14.3
Caucasian	71.4	9.4	19.3
Other Ethnicity	25.0	12.5	62.5
Annual Household Income			
Less than $10,000	51.0	15.6	33.3
$10,000–$19,999	68.1	19.8	12.1
$20,000–$24,999	71.1	13.2	15.8
$25,000–$30,000	64.6	6.3	29.2
Marital Status			
Married	75.9	9.0	15.0
Single, never married	56.0	16.0	28.0
Divorced	69.6	21.7	8.7

Figure 3–3
SIDS or Crib Death as Cause of Unexpected Death: Demographic Characteristics (%)

- Women with children are much more likely than those without to cite SIDS without prompting as a cause of unexpected child death. Conversely, those without children are more likely than mothers to mention crib death without prompting.
- Mothers of children between the ages of 1 and 2 years are more likely than mothers of children of any other ages to demonstrate top-of-mind awareness of SIDS.
- Women with only one child are more likely than those with multiple children to show unprompted familiarity with SIDS.
- Respondents from households earning less than $10,000 per year are noticeably less likely than those in higher income brackets to cite SIDS without prompting.
- In fact, approximately one-third (33 percent) of the women earning less than $10,000 annually lack top-of-mind awareness of either SIDS or crib death.
- African-Americans are much less likely than women of any other ethnicity to show unprompted familiarity with SIDS. In fact, only about half (57 percent) of African-American women mention SIDS without prompting.
- Women who currently smoke are more likely than those who do not to recall SIDS without prompting as a cause of unexpected child death.
- Mothers who feed their babies formula are more likely than those who breastfeed to exhibit no top-of-mind awareness of either SIDS or crib death.
- Respondents between 21 and 24 years of age are more likely than those in any other age bracket to show unprompted familiarity with SIDS.
- Conversely, women aged 18 to 20 are most likely to show no awareness of SIDS or crib death without prompting.

KEY FINDING

Characteristics of women most likely unaware of SIDS include, between the ages of 21 and 24 years, African-American, nonsmoker, uses baby formula, household income less than $10,000, and more than one child.

Respondents who did not cite SIDS as the most common cause of unexpected death among children between the ages of 1 month and 1 year were asked if they are familiar with the term. The same procedure was followed for crib death. As indicated in Figure 3–4, across all 400 survey participants, overall familiarity of these two terms has remained constant over the past two years. For both SIDS

and crib death, complete lack of awareness is limited to 10 percent or less of the population surveyed.

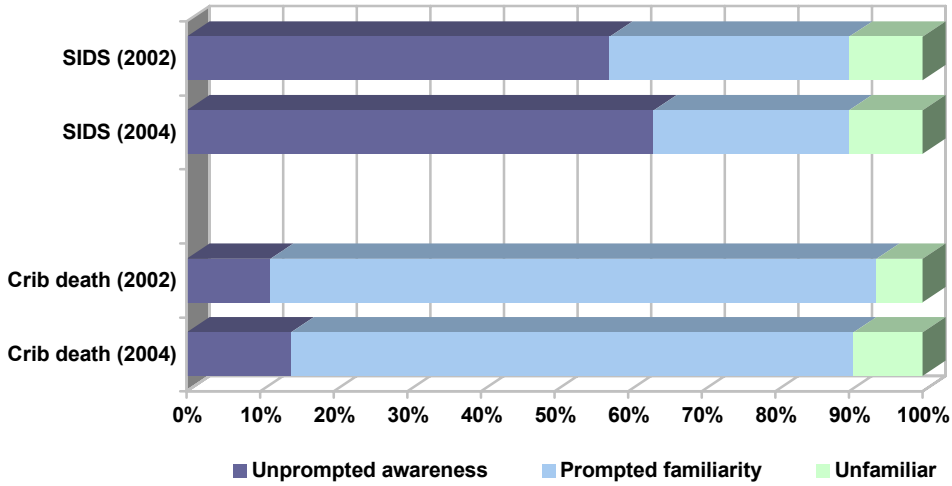

Figure 3–4
Overall Familiarity with SIDS/Crib Death

- Even after prompting, 16 percent of women in households earning less than $10,000 per year are completely unfamiliar with SIDS. Thirteen percent are not familiar with the term crib death.
- Women with no college education at all are much more likely than those with at least some college to be totally unaware of SIDS—even after prompting.
- African-American women are more likely than women from other ethnic backgrounds to be completely unaware of SIDS or crib death. Conversely, African-American women are more likely than those of any other ethnicity to mention crib death on an unprompted basis.
- In fact, while 70 percent of African-American respondents are familiar with SIDS, a total of 94 percent are familiar with crib death.
- Pregnant women are not likely to show unprompted awareness of SIDS. Rather, 83 percent of pregnant women surveyed need prompting to recall SIDS.
- Women who do not smoke are more likely than those who do to be completely unaware of SIDS.
- Single women who have never been married are more likely than those who have to be unfamiliar with SIDS.
- People who are very likely to consider advice from a pastor on family health are less apt to know about SIDS than those who are somewhat or not likely to consider pastoral advice.

Respondents unfamiliar with SIDS were asked if they had ever even the term SIDS before participating in this survey. Of these people, 14 percent had actually heard the term prior to this study. As shown in Figure 3–5, this represents a significant decrease (from 30 percent in 2002 to 14 percent in 2004) in the number of women who have heard of SIDS but remain unfamiliar with what the term entails.

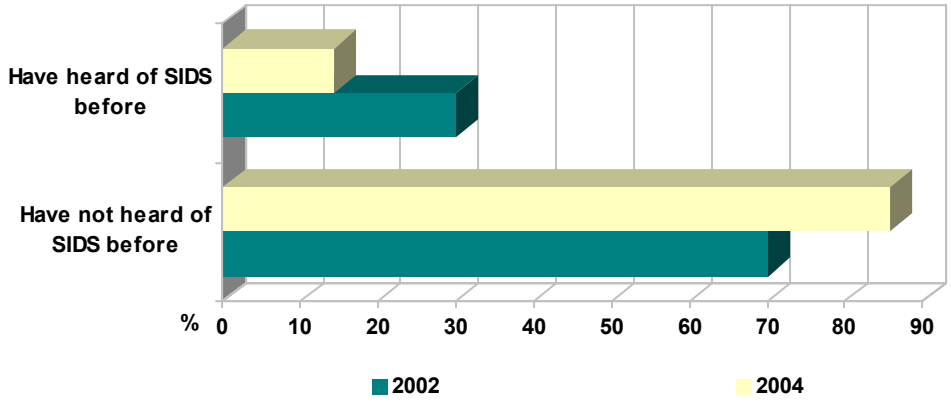

Figure 3–5
Heard of SIDS Prior to Survey

KEY FINDING

Only 14 percent of the women who are unfamiliar with SIDS have not even heard of the term. This represents a significant decrease since the 2002 iteration (30 percent).

"How did you first hear about SIDS/crib death?"

As Figure 3–6 illustrates, television (24 percent) and word of mouth (18 percent) remain the top sources for initial knowledge of SIDS/crib death. However, it is important to note that doctors have significantly increased as the original sources for SIDS information (from 8 percent in 2002 to 14 percent in 2004). Conversely, respondent citations for magazines, newspapers, books, and brochures have all notably decreased over the past two years.

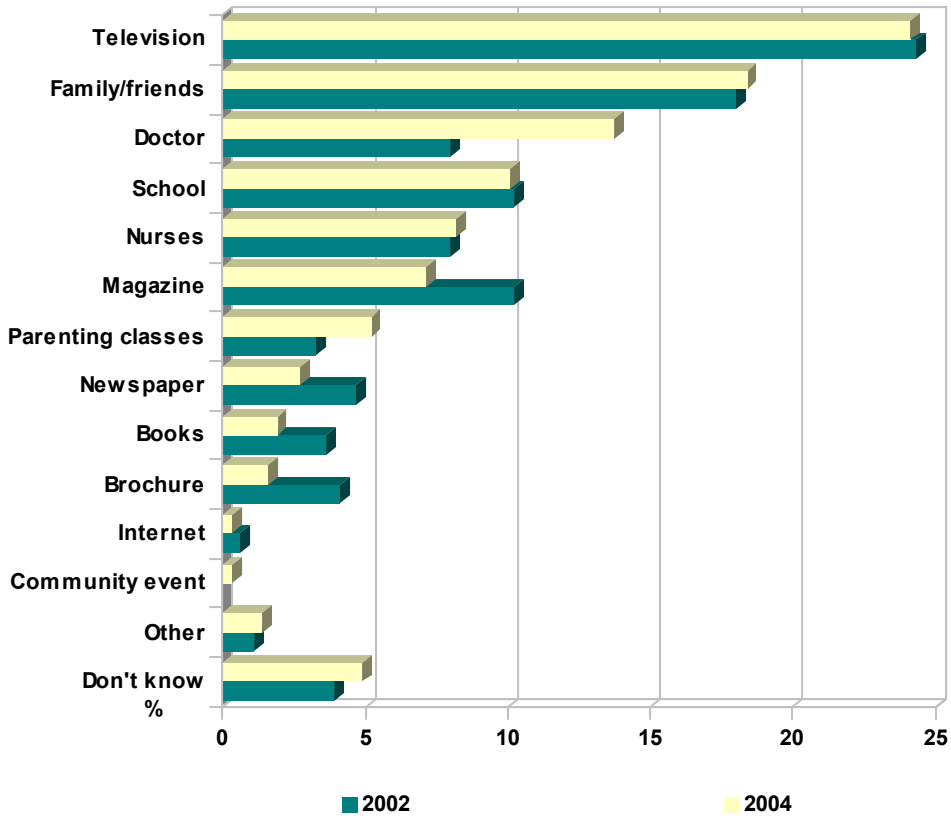

Figure 3–6
Where Respondent First Heard About SIDS

KEY FINDING

While television (24 percent) and word of mouth (18 percent) remain the top sources for first learning about SIDS, doctors (14 percent) have increased as this source since the last measurement (8 percent).

- The source where a respondent first heard about SIDS is often the source by which the respondent still gets the most information about SIDS. This initial source is also highly related to the source by which the respondent gets most of her information about healthcare in general.
- Women who first heard about SIDS from family and friends are most likely to currently lay their babies to sleep on their sides. Conversely, those who fist heard about SIDS from a doctor, most often lay their babies to sleep on their backs.

Figure 3–7 lists where respondents first heard about SIDS by the demographic characteristics of the sample.

	TV	Family/ friends	Doctor	School	Nurses
Total Sample	**24.1**	**18.4**	**13.7**	**10.1**	**8.2**
Children in Household					
Yes	19.0	17.8	19.0	5.0	10.3
No	34.1	19.5	3.3	20.3	4.1
Age of Youngest Child					
Less than 1 year	12.5	17.5	20.0	2.5	10.0
1 year	20.0	17.8	22.2	4.4	2.2
2 years	23.1	23.1	11.5	5.8	17.3
3 years	9.1	36.4	13.6	4.5	4.5
More than 3 years	22.0	9.8	23.2	6.1	12.2
No children	34.1	19.5	3.3	20.3	4.1
Respondent Age					
18–20 years	34.6	19.2	7.7	13.5	5.8
21–24 years	20.8	17.9	9.4	16.0	9.4
25–29 years	23.2	18.4	17.4	6.3	8.2
Pregnant					
Yes	28.6	14.3	14.3	4.8	9.5
No	23.8	18.6	13.7	10.5	8.1
Level of Education					
Less than HS deg	30.2	18.6	11.6	7.0	14.0
High school degree	19.8	23.3	18.6	2.3	7.0
Some college	23.2	18.7	13.5	11.6	8.4
Bachelor/Associate degree	27.3	12.1	9.1	15.2	7.6
Postgraduate work	26.7	13.3	13.3	26.7	–
Ethnicity					
African-American	26.3	12.3	15.8	12.3	8.8
Hispanic	16.7	33.3	16.7	–	16.7
Caucasian	22.2	23.3	12.2	8.3	7.2
Other Ethnicity	16.7	33.3	–	16.7	16.7
Annual Household Income					
Less than $10,000	25.0	14.3	16.7	15.5	9.5
$10,000–$19,999	23.4	18.7	14.0	11.2	7.5
$20,000–$24,999	25.0	20.8	9.7	4.2	5.6
$25,000–$30,000	21.7	13.0	15.2	8.7	13.0
Marital Status					
Married	18.9	22.0	13.4	4.7	9.4
Single, never married	29.4	14.5	13.6	13.6	7.0
Divorced	4.3	30.4	17.4	8.7	13.0

Figure 3–7
Where Respondent First Heard About SIDS: Demographic Characteristics (%)

- For mothers, the most likely sources for first hearing about SIDS include doctors, nurses, birthing classes, and magazines. For those without children, the most likely SIDS education sources are television and school.

- The most likely information source regarding SIDS varies with age of youngest child. Women with children less than 1 year most likely learned about SIDS from a magazine, while those with a 1-year-old child more likely heard about SIDS from their doctor.
- African-Americans are more likely than those from other ethnic backgrounds to first hear about SIDS through school.
- Mothers of children between 1 and 3 years of age most likely first learned about SIDS from magazines or word-of-mouth. Those with children between 4 and 6 years of age most likely first learned about SIDS from their doctors or nurses.

"Where do you get most of your information about SIDS/crib death?"

To access information regarding SIDS, respondents most frequently rely on their televisions (23 percent) and physicians (21 percent). As Figure 3–8 depicts, this represents a significant increase in the use of television as a source for SIDS information (up from 18 percent in 2002). Reliance on magazines for information about SIDS (11 percent) has dramatically decreased since the last measurement (18 percent), while the internet, medical personnel, and schooling have all increased.

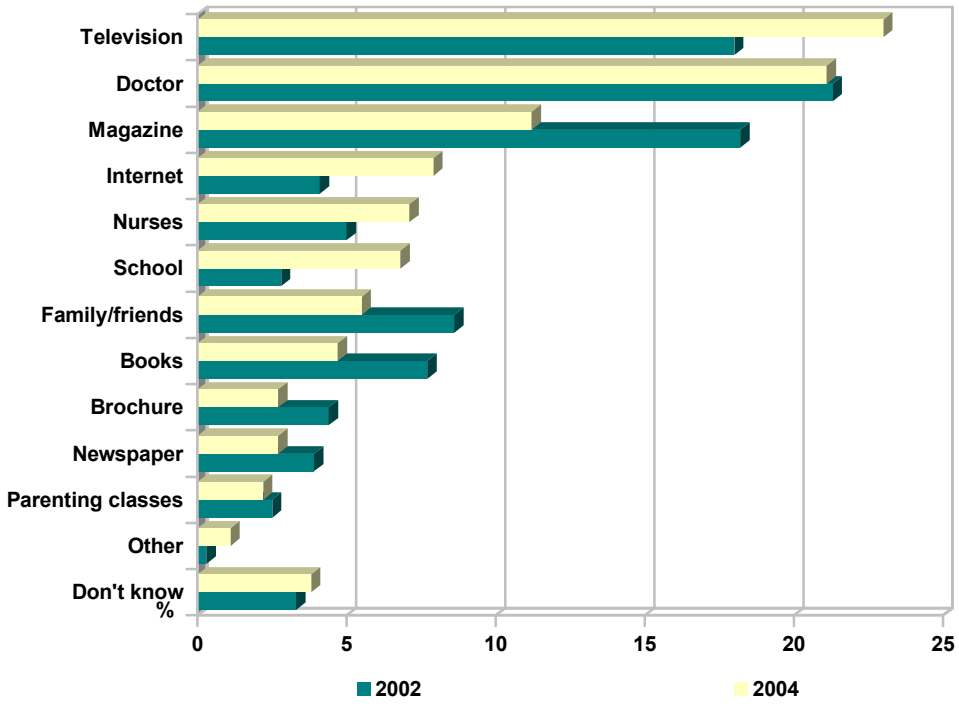

Figure 3–8
Information Access Source for SIDS

The most common information sources regarding SIDS are shown in Figure 3–9 according to the demographic characteristics of the sample.

	TV	Doctor	Mag-azine	Internet	Nurses
Total Sample	**23.0**	**21.1**	**11.2**	**7.9**	**7.1**
Children in Household					
Yes	15.3	31.0	14.0	6.2	9.1
No	38.2	1.6	5.7	11.4	3.3
Age of Youngest Child					
Less than 1 year	7.5	37.5	25.0	5.0	10.0
1 year	6.7	28.9	17.8	8.9	11.1
2 years	13.5	23.1	21.2	9.6	7.7
3 years	27.3	31.8	4.5	–	9.1
More than 3 years	22.0	34.1	4.9	4.9	8.5
No children	38.2	1.6	5.7	11.4	3.3
Respondent Age					
18–20 years	26.9	13.5	5.8	9.6	5.8
21–24 years	21.7	16.0	9.4	12.3	5.7
25–29 years	22.7	25.6	13.5	5.3	8.2
Pregnant					
Yes	19.0	33.3	9.5	4.8	–
No	23.3	20.3	11.3	8.1	7.6
Level of Education					
Less than HS deg	27.9	25.6	7.0	4.7	9.3
High school degree	17.4	24.4	14.0	5.8	7.0
Some college	22.6	18.7	10.3	10.3	7.1
Bachelor/Associate degree	24.2	21.2	12.1	7.6	6.1
Postgraduate work	40.0	13.3	13.3	6.7	6.7
Ethnicity					
African-American	23.4	20.5	9.9	10.5	7.6
Hispanic	33.3	–	–	–	16.7
Caucasian	22.2	23.3	13.3	5.6	6.7
Other Ethnicity	16.7	–	–	–	–
Annual Household Income					
Less than $10,000	23.8	19.0	9.5	9.5	4.8
$10,000–$19,999	24.3	16.8	13.1	9.3	7.5
$20,000–$24,999	23.6	29.2	8.3	11.1	5.6
$25,000–$30,000	17.4	28.3	6.5	4.3	10.9
Marital Status					
Married	18.9	28.3	19.7	3.9	7.1
Single, never married	26.6	16.4	6.5	10.7	7.5
Divorced	13.0	26.1	8.7	4.3	4.3

Figure 3–9
Information Access Source for SIDS: Demographic Characteristics (%)

KEY FINDING

As the top information access source for SIDS, use of the television (23 percent) has increased since the 2002 assessment (18 percent).

- Nearly one-third (31 percent) of women with children get most of their information about SIDS from their doctors. Conversely, 38 percent of those without children get SIDS information from television.
- Women with no college are much more likely than those with at least some college education to rely on their doctors as sources for SIDS information. The more educated women rely on multiple sources, including brochures, television, and school.
- Respondents claiming African-American ethnicity are more likely than those claiming other ethnicities to get their information about SIDS from brochures or the internet.
- Married women are most apt to get information about SIDS from magazines or their doctors. Conversely, single women are more likely to get this information through the internet or via television.

"Where do you get most of your information about healthcare in general?"

Regarding healthcare in general, typical sources of information remain consistent with 2002 findings. Figure 3–10 clearly shows doctors (35 percent) as the most common way to get healthcare information.

- Women who live in suburban areas are most likely to get information about general healthcare from their doctors, while those in rural areas are most likely to get this information from nurses and other medical professionals or brochures.
- Participants who reside in urban areas are more apt to get information regarding general healthcare from newspapers, books, or the internet

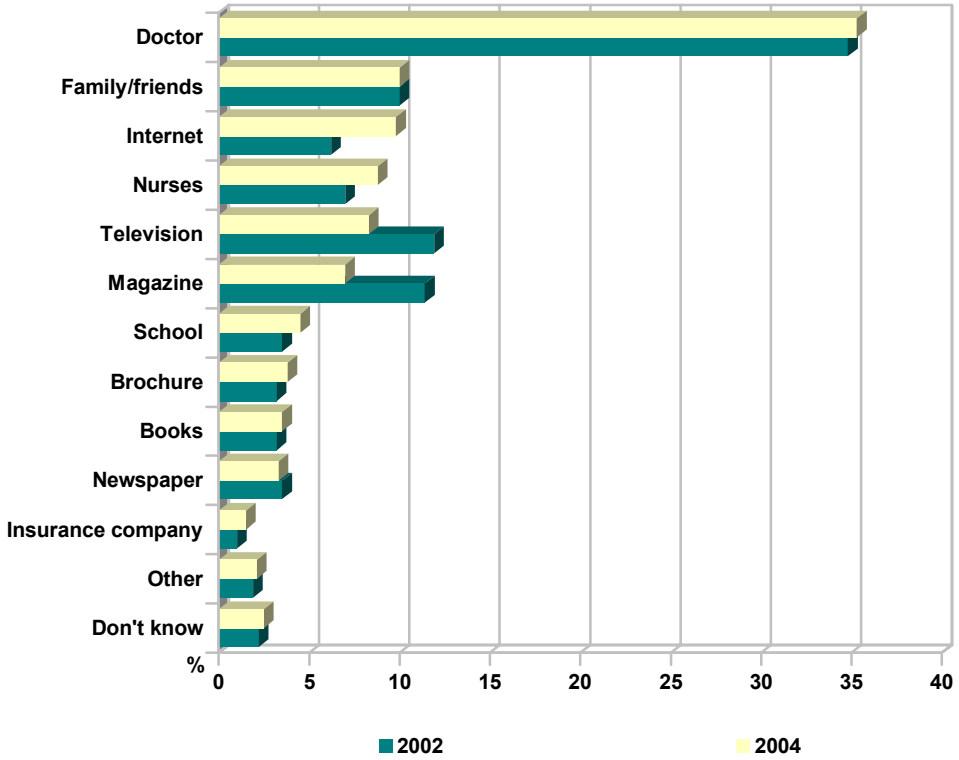

Figure 3–10
Information Access for General Healthcare

Figure 3–11 stratifies the most common healthcare information sources by the demographic characteristics of the sample.

	Doctor	Family/ friends	Internet	Nurses	TV
Total Sample	**35.3**	**10.0**	**9.8**	**8.8**	**8.3**
Children in Household					
Yes	45.3	6.3	5.9	9.4	4.7
No	17.8	16.4	16.4	7.5	14.4
Age of Youngest Child					
Less than 1 year	55.6	4.4	4.4	6.7	2.2
1 year	37.8	6.7	8.9	15.6	2.2
2 years	41.5	7.5	1.9	11.3	7.5
3 years	47.8	8.7	4.3	8.7	4.3
More than 3 years	46.0	5.7	8.0	5.7	5.7
No children	17.8	16.4	16.4	7.5	14.4

Figure 3–11
Information Access for General Healthcare: Demographic Characteristics (%) (continued)

	Doctor	Family/ friends	Internet	Nurses	TV
Total Sample	**35.3**	**10.0**	**9.8**	**8.8**	**8.3**
Respondent Age					
18–20 years	28.1	15.6	7.8	10.9	9.4
21–24 years	30.7	7.9	12.3	11.4	8.8
25–29 years	39.6	9.5	9.0	6.8	7.7
Pregnant					
Yes	25.0	8.3	8.3	20.8	4.2
No	35.9	10.1	9.8	8.0	8.5
Level of Education					
Less than HS deg	45.1	7.8	5.9	5.9	9.8
High school degree	39.0	9.0	7.0	12.0	8.0
Some college	35.8	10.9	9.7	10.3	6.7
Bachelor/Associate degree	26.1	11.6	11.6	2.9	11.6
Postgraduate work	13.3	6.7	33.3	6.7	6.7
Ethnicity					
African-American	35.6	6.8	9.9	9.4	6.8
Hispanic	57.1	14.3	14.3	–	–
Caucasian	35.4	13.5	9.4	8.9	8.9
Other Ethnicity	–	–	12.5	–	37.5
Annual Household Income					
Less than $10,000	37.5	11.5	8.3	9.4	10.4
$10,000–$19,999	32.8	6.0	7.8	10.3	9.5
$20,000–$24,999	42.1	5.3	14.5	7.9	9.2
$25,000–$30,000	31.3	16.7	10.4	4.2	2.1
Marital Status					
Married	41.4	9.0	6.0	10.5	6.8
Single, never married	32.5	10.7	11.1	8.6	9.5
Divorced	30.4	8.7	17.4	–	–

Figure 3–11
Information Access for General Healthcare: Demographic Characteristics (%)

- Mothers are much more likely than women without children to access general healthcare information from their doctors. On the other hand, childless women are more likely than mothers to get healthcare information from the internet.

Sleeping Position Considerations

"In your opinion, which of the following is the best position to lay a baby down to sleep so that he or she will stay asleep? In your opinion, what is the safest position to lay a baby down to sleep?"

Figure 3–12 shows significant changes since the last measurement in respondent perception of the best position to lay a baby down for sleep. First, there has been a dramatic increase in the number of people who believe laying babies on their backs is the best option for sleep (from 37 percent in 2002 to 60 percent in 2004).

Commensurate with this change, far fewer respondents perceive the side (from 41 percent in 2002 to 26 percent in 2004) or stomach (from 21 percent in 2002 to 14 percent in 2004) as the best place to position a baby for sleep.

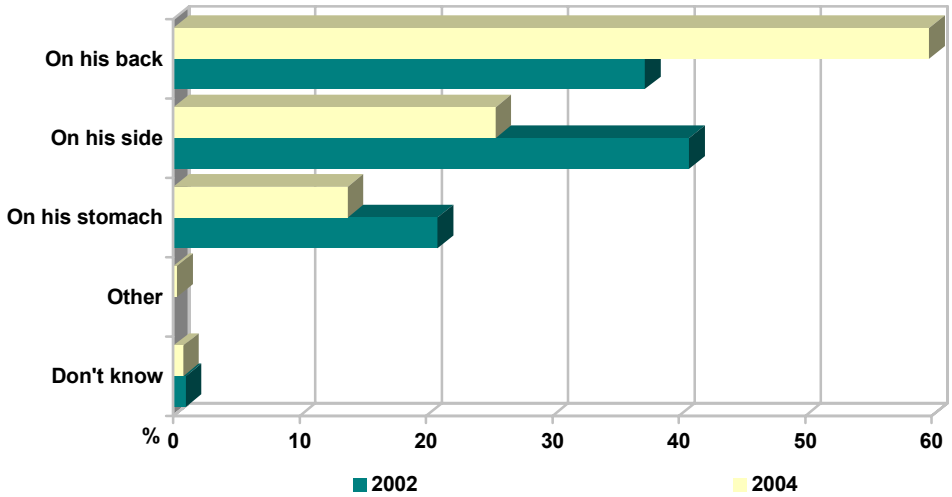

Figure 3–12
Best Position to Lay a Baby for Sleep

- Women who believe the safest position to lay a baby for sleep is on the back most likely get a large majority of information on healthcare in general from magazines and books.
- To most respondents the best position to lay a baby to sleep is also the perceived safest position.

KEY FINDING

Over the past two years, the number of people who believe laying babies on their backs is the best option for sleep has dramatically increased (from 37 percent in 2002 to 60 percent in 2004), while the number who perceive the side or stomach as the best position has declined.

Figure 3–13 presents the responses to this question, stratified by the demographic characteristics of the sample.

- Women who have no children are much less likely than those who do to perceive the back as the best position to lay a baby for sleep.
- Mothers of children under the age of 2 are more likely than those with older children to consider the back as the best position to lay a baby for sleep.

	On his back	On his side	On his stomach
Total Sample	**59.8**	**25.5**	**13.8**
Children in Household			
Yes	57.9	28.3	13.0
No	63.0	20.5	15.1
Age of Youngest Child			
Less than 1 year	64.4	20.0	13.3
1 year	71.1	15.6	11.1
2 years	54.7	28.3	17.0
3 years	43.5	47.8	8.7
More than 3 years	54.0	33.3	12.6
No children	63.0	20.5	15.1
Respondent Age			
18–20 years	60.9	25.0	14.1
21–24 years	65.8	20.2	13.2
25–29 years	56.3	28.4	14.0
Pregnant			
Yes	66.7	20.8	12.5
No	59.3	25.8	13.8
Level of Education			
Less than HS deg	58.8	29.4	9.8
High school degree	62.0	29.0	8.0
Some college	59.4	26.1	13.9
Bachelor/Associate degree	56.5	18.8	23.2
Postgraduate work	66.7	13.3	20.0
Ethnicity			
African-American	64.9	19.4	15.2
Hispanic	71.4		28.6
Caucasian	54.7	31.8	12.5
Other Ethnicity	50.0	37.5	
Annual Household Income			
Less than $10,000	61.5	27.1	10.4
$10,000–$19,999	61.2	27.6	10.3
$20,000–$24,999	68.4	17.1	14.5
$25,000–$30,000	50.0	22.9	25.0
Marital Status			
Married	54.1	27.8	17.3
Single, never married	63.4	23.0	12.3
Divorced	52.2	39.1	8.7

Figure 3–13
Best Position to Lay a Baby for Sleep: Demographic Characteristics (%)

- When asked what is the best or safest position to lay a baby for sleep, African-Americans are most likely to say on the back, while Caucasians are more apt to say on the side.
- People who smoke are most likely to say that the best position to lay a baby is on his or her side. Those who do not smoke are most likely to say on the back.

There have also been significant changes in what is perceived as the safest position to lay a baby down to sleep. As indicated in Figure 3–14, the number of respondents who consider a baby's back as the best position for sleep (64 percent) has increased since the last measurement (42 percent). The perception that laying babies on their sides is safest has similarly decreased (from 44 percent in 2002 to 30 percent in 2004), as has use of the stomach (from 12 percent in 2002 to 7 percent in 2004).

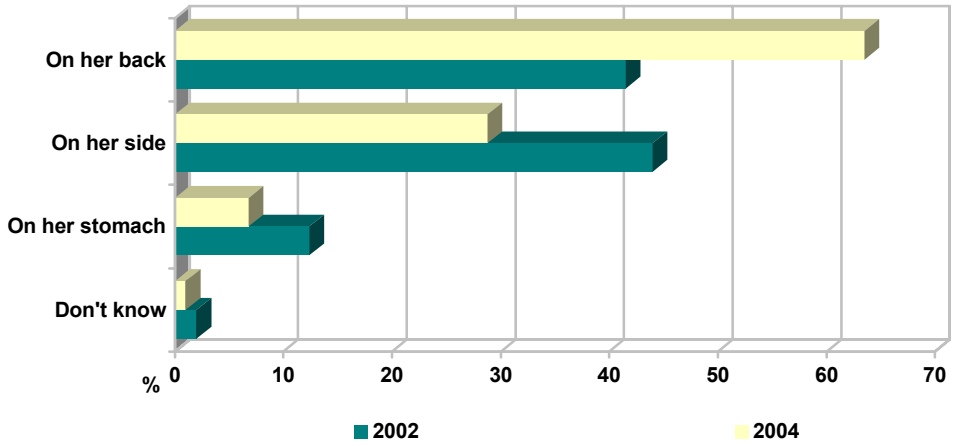

Figure 3–14
Safest Position to Lay a Baby Down to Sleep

KEY FINDING

The number of people who believe laying supine is the safest way for babies to sleep has grown considerably (from 42 percent in 2002 to 64 percent in 2004). Similarly, perception that the side or stomach is best for sleeping has dropped off noticeably.

- Women have a very strong tendency to lay their babies to sleep in the position they deem safest.

Figure 3–15 provides a comparison of the responses to this issue across the demographic characteristics of the sample.

	On her back	On her side	On her stomach
Total Sample	**63.5**	**28.8**	**6.8**
Children in Household			
Yes	61.8	33.5	4.7
No	66.4	20.5	10.3
Age of Youngest Child			
Less than 1 year	71.1	26.7	2.2
1 year	77.8	20.0	2.2
2 years	58.5	34.0	7.5
3 years	56.5	39.1	4.3
More than 3 years	51.7	42.5	5.7
No children	66.4	20.5	10.3
Respondent Age			
18–20 years	68.8	25.0	6.3
21–24 years	68.4	22.8	7.9
25–29 years	59.5	32.9	6.3
Pregnant			
Yes	58.3	29.2	12.5
No	63.8	28.7	6.4
Level of Education			
Less than HS deg	56.9	35.3	5.9
High school degree	63.0	33.0	4.0
Some college	66.7	27.9	5.5
Bachelor/Associate degree	60.9	24.6	11.6
Postgraduate work	66.7	6.7	20.0
Ethnicity			
African-American	68.6	24.6	5.8
Hispanic	71.4	14.3	14.3
Caucasian	58.3	33.3	7.8
Other Ethnicity	50.0	37.5	
Annual Household Income			
Less than $10,000	58.3	34.4	7.3
$10,000–$19,999	59.5	31.9	7.8
$20,000–$24,999	76.3	19.7	3.9
$25,000–$30,000	62.5	25.0	8.3
Marital Status			
Married	57.1	36.1	6.0
Single, never married	68.3	23.0	7.4
Divorced	52.2	43.5	4.3

Figure 3–15
Safest Position to Lay a Baby Down to Sleep: Demographic Characteristics (%)

"In what position do you lay your baby down to sleep most of the time?" **or** *"When your youngest child was less than a year old, in what position did you lay him or her down to sleep most of the time?"*

As shown in Figure 3–16, there has been a significant increase in the number of women who lay their babies down to sleep on their backs most of the time (from 34 percent in 2002 to 50 percent in 2004). Further, tendencies to typically lay babies on their sides (36 percent) and stomachs (14 percent) have both decreased over the past two years (from 46 percent and 20 percent, respectively).

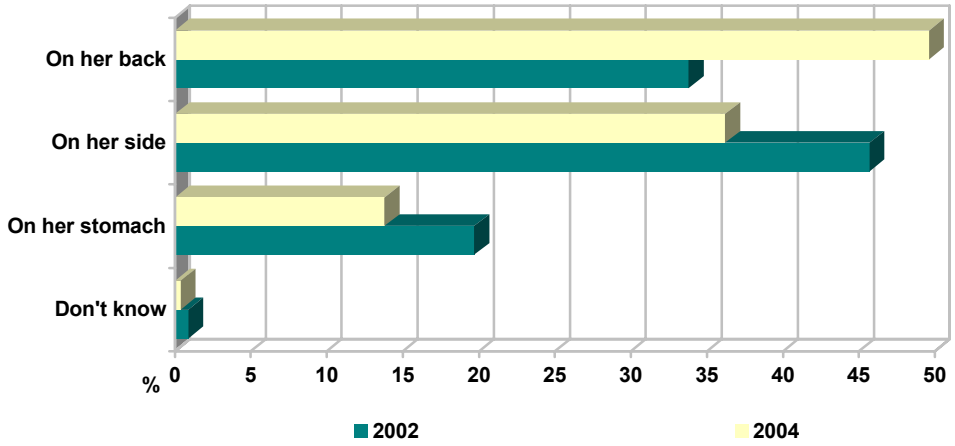

Figure 3–16
Position Baby Most Frequently Laid Down to Sleep

KEY FINDING

There has been an increase in the propensity for mothers to lay their babies down to sleep on their backs (from 34 percent in 2002 to 50 percent in 2004), instead of their sides (36 percent) or stomachs (14 percent).

- All (100 percent of) mothers who currently lay their babies on their stomachs most of the time to sleep show no top-of-mind awareness of either SIDS or crib death.
- Mothers have a tendency to lay their babies to sleep in the position they believe is the best was to lay babies.

Figure 3–17 presents the findings to this question by the demographic characteristics of the respondents.

	On his back	On his side	On his stomach
Total Sample	**49.6**	**36.2**	**13.8**
Children in Household			
Yes	49.8	36.4	13.8
Age of Youngest Child			
Less than 1 year	66.7	28.9	4.4
1 year	55.6	22.2	22.2
2 years	45.3	41.5	13.2
3 years	43.5	39.1	17.4
More than 3 years	43.0	43.0	14.0
No children			
Respondent Age			
18–20 years	54.5	22.7	22.7
21–24 years	50.9	36.8	12.3
25–29 years	48.9	37.9	13.2
Pregnant			
Yes	66.7	20.0	13.3
No	48.7	37.4	13.9
Level of Education			
Less than HS deg	51.4	35.1	13.5
High school degree	47.2	40.3	12.5
Some college	51.0	35.6	13.5
Bachelor/Associate degree	51.4	34.3	14.3
Postgraduate work	40.0	20.0	40.0
Ethnicity			
African-American	54.5	28.1	17.4
Hispanic	57.1	42.9	–
Caucasian	43.9	44.7	11.4
Other Ethnicity	100.0	–	–
Annual Household Income			
Less than $10,000	50.0	32.1	17.9
$10,000–$19,999	48.7	38.2	13.2
$20,000–$24,999	54.5	32.7	12.7
$25,000–$30,000	48.4	38.7	12.9
Marital Status			
Married	47.3	39.1	13.6
Single, never married	51.6	33.6	14.8
Divorced	50.0	40.0	10.0

Figure 3–17
Position Baby Most Frequently Laid Down to Sleep: Demographic Characteristics (%)

- Women with babies over the age of 12 months are more likely than those with younger babies to say they most frequently lay their babies down for sleep on their stomachs.

- Mothers who smoke are most likely to lay a baby is on his or her side, while those who do not smoke are most likely to lay a baby on his or her back.
- Respondents who currently have a baby younger than 3 months are very unlikely to lay their baby down to sleep on his or her stomach.
- Women living in households of more than four people are more likely than those living with fewer people to lay their babies on their backs to sleep.
- Respondents from larger families are much less likely than those from smaller families to say they would change how they lay a baby to sleep based on pediatrician advice.

The Baby's Sleeping Environment

"Where would you place a baby when it is time for him or her to got to sleep?"

Since the last measurement, the quantity of women who place babies in cribs for sleep has increased (from 71 percent in 2002 to 78 percent in 2004). As Figure 3–18 indicates, there has been a commensurate decrease in respondents who place babies on regular beds to sleep (from 25 percent in 2002 to 20 percent in 2004).

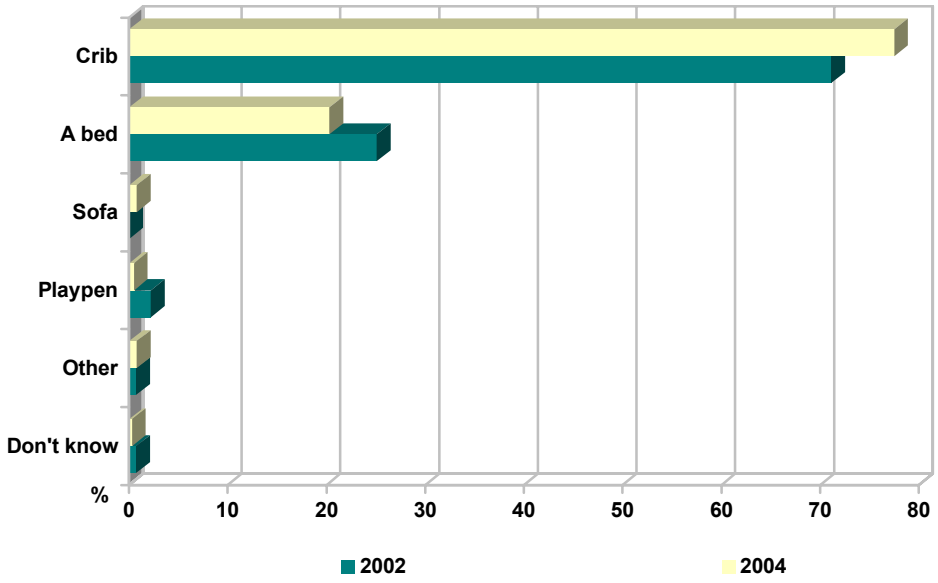

Figure 3–18
Where Place a Baby to Sleep

Figure 3–19 displays the demographic characteristics of all respondents who answered this question by where they most often lay their babies down to sleep.

	Crib	A bed	Other
Total Sample	**77.5**	**20.3**	**1.6**
Children in Household			
Yes	77.6	20.9	1.6
No	77.9	19.3	2.8
Age of Youngest Child			
Less than 1 year	84.4	11.1	4.4
1 year	77.8	20.0	2.2
2 years	75.5	22.6	1.9
3 years	78.3	21.7	–
More than 3 years	75.9	24.1	–
No children	77.9	19.3	2.8
Respondent Age			
18–20 years	78.1	20.3	1.6
21–24 years	73.7	22.8	3.5
25–29 years	79.6	19.0	1.4
Pregnant			
Yes	79.2	20.8	–
No	77.6	20.3	2.1
Level of Education			
Less than HS deg	70.6	25.5	3.9
High school degree	76.0	22.0	2.0
Some college	78.8	19.4	1.8
Bachelor/Associate degree	80.9	17.6	1.5
Postgraduate work	86.7	13.3	–
Ethnicity			
African-American	73.7	24.2	2.1
Hispanic	71.4	14.3	14.3
Caucasian	82.3	16.1	1.6
Other Ethnicity	75.0	25.0	–
Annual Household Income			
Less than $10,000	68.8	27.1	4.2
$10,000–$19,999	75.9	23.3	0.9
$20,000–$24,999	84.2	15.8	–
$25,000–$30,000	78.7	21.3	–
Marital Status			
Married	81.2	17.3	1.5
Single, never married	76.0	21.5	2.5
Divorced	73.9	26.1	–

Figure 3–19
Where Place a Baby to Sleep: Demographic Characteristics (%)

- Women in households earning less than $10,000 per year are much more likely to lay their babies down to rest in beds than in any other location.
- Mothers who are part of households in excess of four members are the most likely to lay a baby to sleep in a bed versus any other place.

KEY FINDING

Mothers are now more apt to lay a baby down for sleep in a crib (from 71 percent in 2002 to 78 percent in 2004) versus a bed or other location.

"Please tell me if your baby sleeps with any of the following in his or her crib or bed…" **or** *"When your youngest child was less than a year old please tell me if he or she slept with any of the following in his or her crib or bed…*

- *comforters*
- *pillows*
- *more than one blanket*
- *toys*
- *stuffed animals*
- *another child*
- *a parent or other adult."*

Figure 3–20 shows specific items with which babies may currently sleep. Compared to the last iteration, there have been significant decreases in the tendency for women to allow either pillows or comforters in a sleeping baby's crib or bed. The apparent decreases in allowing babies to sleep with adults or stuffed animals show progress, but fall shy of statistical significance.

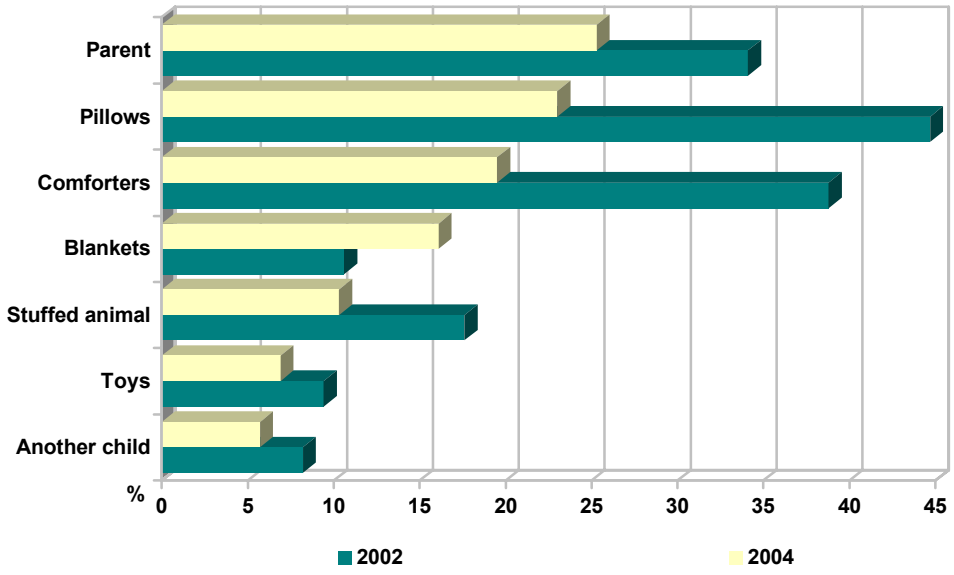

Figure 3–20
Items with Which Baby Now Sleeps

KEY FINDING

The propensity to allow extraneous items or persons in a sleeping baby's crib or bed has drastically decreased since the last iteration. Use of extra blankets is the only tendency that has grown since the 2002 assessment.

Figure 3-21 stratifies the demographic characteristics of respondents by the items with which their babies currently sleep.

	Parent	Pillows	Com-forters	Blanket	Stuffed animals
Total Sample	**25.3**	**23.0**	**19.5**	**16.1**	**10.3**
Children in Household					
Yes	25.3	23.0	19.5	16.1	10.3
Age of Youngest Child					
Less than 1 year	22.2	15.6	15.6	20.0	4.4
1 year	28.6	31.0	23.8	11.9	16.7
Respondent Age					
18–20 years	28.6	28.6	28.6	35.7	21.4
21–24 years	41.7	25.0	20.8	12.5	12.5
25–29 years	16.3	20.4	16.3	12.2	6.1
Pregnant					
Yes	33.3	33.3	33.3	–	16.7
No	24.7	22.2	18.5	17.3	9.9
Level of Education					
Less than HS deg	61.5	53.8	30.8	23.1	7.7
High school degree	14.8	18.5	11.1	14.8	3.7
Some college	25.8	9.7	19.4	19.4	12.9
Bachelor/Associate degree	14.3	28.6	28.6	7.1	14.3
Postgraduate work	–	50.0	–	–	50.0
Ethnicity					
African-American	30.0	20.0	25.0	17.5	5.0
Hispanic	–	–	33.3	33.3	33.3
Caucasian	22.7	27.3	13.6	13.6	13.6
Annual Household Income					
Less than $10,000	43.8	18.8	12.5	6.3	6.3
$10,000–$19,999	15.6	28.1	28.1	18.8	15.6
$20,000–$24,999	14.3	7.1	14.3	21.4	–
$25,000–$30,000	30.0	30.0	30.0	10.0	10.0
Marital Status					
Married	14.3	19.0	19.0	21.4	16.7
Single, never married	33.3	28.2	20.5	12.8	5.1
Divorced	50.0	16.7	16.7	–	–

Figure 3–21
Items with Which Baby Now Sleeps: Demographic Characteristics (%)

- Mothers are more likely than women without children to believe that comforters, pillows, or extra blankets in the crib can increase the risk of SIDS. Conversely, childless women are more apt to perceive the presence of these items to decrease the likelihood of SIDS.
- The most likely minimum age that mothers allow their children to sleep with comforters is 3 years of age. However, it is closer to age 2 that mothers allow their babies to sleep with other children.
- Women in households earning less than $10,000 annually are more likely than those in other income brackets to believe that having a baby sleep with an adult decreases the risk of SIDS.
- Nearly two-thirds (62 percent) of area mothers with less than a high school education say their babies currently sleep with adults.
- Single mothers are more likely than married mothers to sleep in the same bed with their babies.
- Compared to those using any other type of health coverage, those who subscribe to private insurance are more apt to say their babies currently sleep with comforters in their beds.
- Mothers who live in suburban areas are much more likely than those in other areas to allow comforters in bed with their sleeping babies.
- Women between the ages of 21 to 24 years are the most likely cohort to say their babies sleep with an adult in the bed.
- None of the women surveyed who used to smoke allow their young babies to sleep with comforters, extra blankets, or pillows.
- Mothers who have not been to church in the last three months are more likely than those who have to say their babies sleep with pillows in the bed.

Because changes in awareness of possible causes of SIDS are recent, there are no significant changes since the 2002 measurement in which items women had previously put their youngest children to bed with during infancy. However, there's been a substantial decrease in the tendency for parents to sleep with their babies compared to habits with past children. That is, Figure 3–22 shows only 25 percent of women cite adults sleeping with babies today, while 50 percent mention this practice when their youngest children were less than one year old.

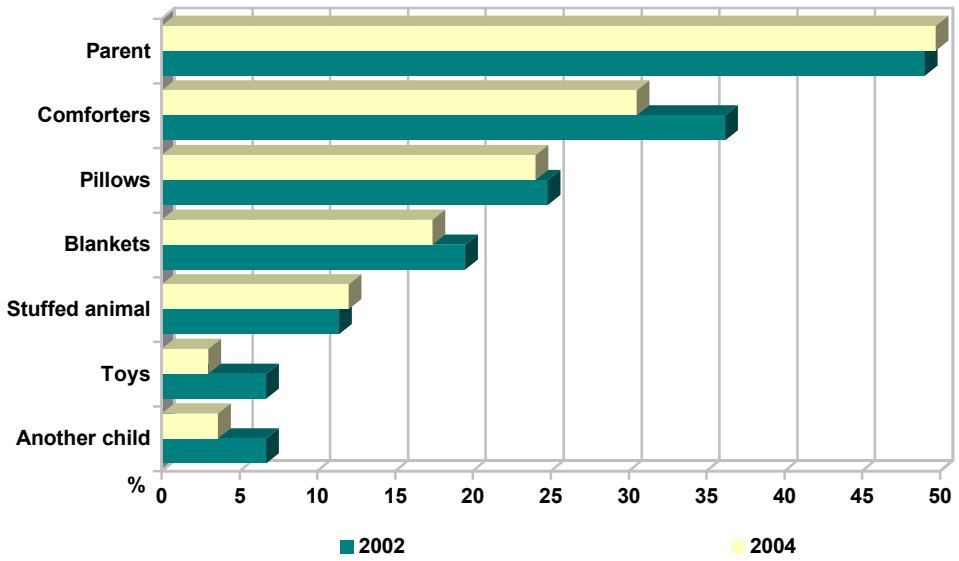

Figure 3–22
Items with Which Baby Slept in the Past

Figure 3–23 presents the demographic characteristics of respondent regarding items with which their babies used to sleep.

	Parent	Com-forters	Pillows	Blanket	Stuffed animals
Total Sample	**49.7**	**30.5**	**24.0**	**17.4**	**12.0**
Children in Household					
Yes	49.7	30.5	24.0	17.4	12.0
Age of Youngest Child					
1 year	33.3	–	–	–	–
2 years	49.1	18.9	22.6	26.4	18.9
3 years	65.2	43.5	17.4	17.4	8.7
More than 3 years	47.1	35.6	27.6	12.6	9.2
Respondent Age					
18–20 years	50.0	12.5	–	12.5	37.5
21–24 years	51.5	30.3	24.2	15.2	12.1
25–29 years	49.2	31.7	25.4	18.3	10.3
Pregnant					
Yes	55.6	22.2	33.3	–	–
No	49.4	31.0	23.4	18.4	12.7
Level of Education					
Less than HS deg	66.7	45.8	33.3	12.5	37.5
High school degree	46.7	35.6	17.8	26.7	13.3
Some college	48.6	20.3	24.3	12.2	5.4
Bachelor/Associate degree	42.9	42.9	28.6	19.0	4.8
Postgraduate work	33.3			33.3	–

Figure 3–23
Items with Which Baby Slept in the Past: Demographic Characteristics (%) (continued)

	Parent	Com-forters	Pillows	Blanket	Stuffed animals
Total Sample	**49.7**	**30.5**	**24.0**	**17.4**	**12.0**
Ethnicity					
African-American	49.4	35.8	22.2	14.8	11.1
Hispanic	25.0	75.0	50.0	50.0	25.0
Caucasian	51.3	22.5	23.8	18.8	12.5
Other Ethnicity	50.0	50.0	50.0	–	–
Annual Household Income					
Less than $10,000	42.5	30.0	20.0	15.0	17.5
$10,000–$19,999	56.8	27.3	27.3	20.5	11.4
$20,000–$24,999	46.3	36.6	22.0	12.2	9.8
$25,000–$30,000	57.1	38.1	19.0	19.0	4.8
Marital Status					
Married	51.5	26.5	25.0	17.6	10.3
Single, never married	47.6	31.0	19.0	17.9	14.3
Divorced	57.1	42.9	50.0	14.3	7.1

Figure 3–23
Items with Which Baby Slept in the Past: Demographic Characteristics (%)

- Of the women who have previously had infants under the age of one year, smokers are much more likely than nonsmokers to say their babies slept with adults.

"Please tell me if each of the following increases or decreases the risk of SIDS/ crib death for an infant under the age of 1 year. Does it increase, decrease, or does not effect the risk of SIDS/crib death if a baby sleeps in bed or a crib with:

- *comforters*
- *pillows*
- *more than one blanket*
- *toys*
- *stuffed animals*
- *another child*
- *a parent or other adult."*

Findings illustrated in Figure 3–24 are very similar to those reported in the 2002 iteration. However, there are some key differences. It seems there has been a notable increase in awareness that have such items in the crib does impact the risk of SIDS. This is strongly suggested by a significantly decrease in the number of respondents who perceive these items have no effect on the risk of SIDS.

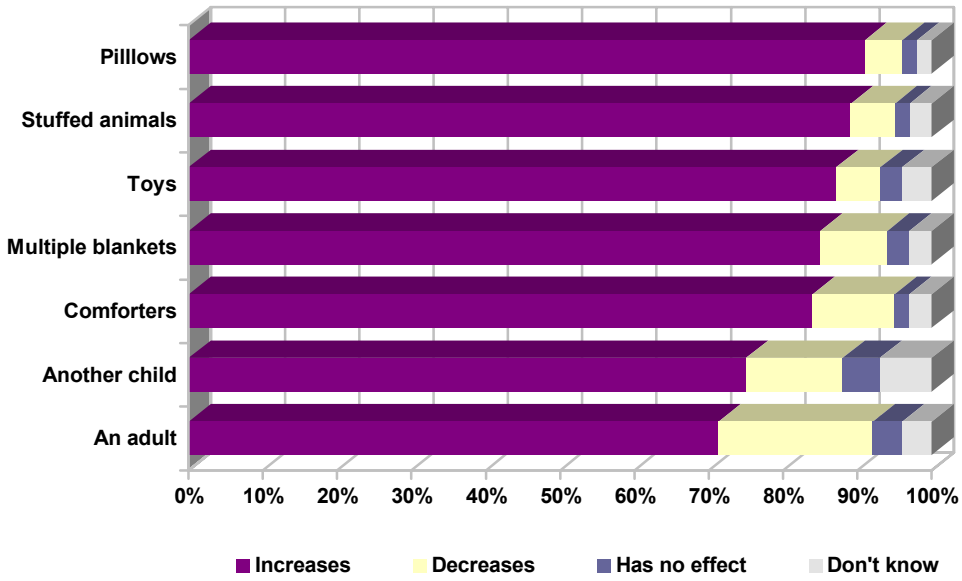

Figure 3–24
How Items in Crib Affect the Risk of SIDS

KEY FINDING

A decrease in the number of women who perceive the presence of external items in the crib to have no effect on the chance of SIDS suggests increased awareness that such items can impact the risk of SIDS.

- There has been a substantial increase in the number of respondents who believe that a baby sleeping with an adult increases the chance of SIDS (from 51 percent in 2002 to 72 percent in 2004).
- Women who first think of SIDS when recalling unexpected causes of death for children are highly likely to believe that having comforters, pillows, multiple blankets, toys, or stuffed animals in a sleeping infant's bed can increase the risk of SIDS.
- Respondents who exhibit no top-of-mind awareness of SIDS or crib death are more likely than those familiar with SIDS to believe that the presence of comforters, pillows, multiple blankets, toys, or stuffed animals in a child's bed can decrease the likelihood of SIDS.
- Higher education in mothers is associated with knowledge that having a baby sleep with a parent may increase the risk of SIDS.
- African-Americans have the strongest tendency to perceive decreased risk of SIDS associated with the presence of any of the following in an infant's bed: comforters, pillows, more than one

blanket, toys, stuffed animals, another child, or a parent or other adult.

- Non-smokers are more likely than smokers to believe that having a baby sleep with a parent increases the chance of SIDS.
- Married women are more likely than single women to believe that having a parent or another child sleep with a baby may increase the risk of SIDS.
- Breastfeeding mothers are more apt to believe that having a baby sleep with another child may increase the risk of SIDS.
- Respondents living in urban areas are more likely than those living in suburban or rural areas to believe that allowing a baby to sleep with pillows may increase the risk of SIDS.
- Conversely, those from rural areas are more apt than those from urban or suburban areas to believe that having an adult sleep with an infant could increase the risk of SIDS.
- Women with babies under the age of 3 months are less likely than those with older children to believe that extra blankets in a infant's bed can increase the likelihood of SIDS.
- Mothers of large families are more apt than those of smaller families to believe that having a baby sleep with an adult may cause increased risk of SIDS.

KEY FINDING

Characteristics of women least likely to realize that having extra items in bed with infants can impact the risk of SIDS include: African-American, single mother, smoker, high school education or less, and use of formula instead of breast milk.

Influential Factors

"If your mother or grandmother suggested you change the way you put your baby to sleep, would you be very likely, somewhat likely, or not at all likely to change?"

The effects that motherly or grandmotherly advice would have on women regarding the way they put their babies to sleep are very similar to those of two years ago. This is clearly indicated in Figure 3–25. Nearly half of the women surveyed (43 percent) claim that they would not likely change the way they put their babies to sleep in response to advice from their mothers or grandmothers. Slightly more than half (56 percent) would be very likely (18 percent) or somewhat likely (39 percent) to change.

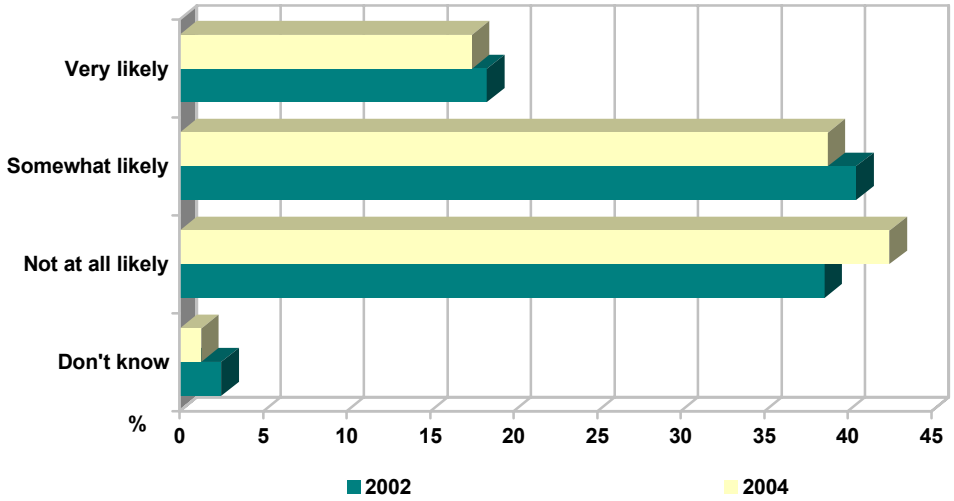

Figure 3–25
Change How Lay Baby Based on Mother or Grandmother Influence

- Women who exhibit unprompted familiarity with SIDS are not likely to change how they put a baby to sleep in response to advice from a mother or grandmother.
- Those who do not mention SIDS during top-of-mind recall of unexpected causes of death for children are much more likely than those who do to say they would change how they put a baby to sleep based on a mother's or grandmother's suggestion.
- Mothers who currently lay their babies to bed on their stomachs or sides are more likely than those who lay their babies on their backs to say they would heed a mother's or grandmother's advice on how to lay their babies.
- Women who perceive that extra items in the bed with an baby might decrease the risk of SIDS are likely to listen to a mother's or grandmother's advice on how to lay a baby to sleep.

KEY FINDING

Women most likely to listen to a mother's or grandmother's advice on positioning a baby for sleep rarely show unprompted familiarity with SIDS, currently lay their infants to be on their stomachs, and perceive extra items in the crib to potentially decrease the risk of SIDS.

	Very likely	Somewhat likely	Not at all likely	Don't know
Total Sample	**17.5**	**38.8**	**42.5**	**1.3**
Children in Household				
Yes	13.0	33.1	53.1	0.8
No	25.3	48.6	24.0	2.1
Age of Youngest Child				
Less than 1 year	13.3	22.2	64.4	–
1 year	8.9	37.8	53.3	–
2 years	17.0	22.6	60.4	–
3 years	8.7	34.8	56.5	–
More than 3 years	13.8	41.4	42.5	2.3
No children	25.3	48.6	24.0	2.1
Respondent Age				
18–20 years	23.4	43.8	32.8	–
21–24 years	17.5	38.6	43.0	0.9
25–29 years	15.8	37.4	45.0	1.8
Pregnant				
Yes	12.5	45.8	41.7	–
No	17.8	38.3	42.6	1.3
Level of Education				
Less than HS deg	19.6	39.2	39.2	2.0
High school degree	14.0	30.0	56.0	–
Some college	20.0	38.8	39.4	1.8
Bachelor/Associate degree	15.9	44.9	37.7	1.4
Postgraduate work	13.3	66.7	20.0	–
Ethnicity				
African-American	21.5	40.8	36.6	1.0
Hispanic	–	42.9	57.1	–
Caucasian	14.1	37.0	47.9	1.0
Other Ethnicity	25.0	25.0	37.5	12.5
Annual Household Income				
Less than $10,000	–	41.7	40.6	–
$10,000–$19,999	18.1	38.8	40.5	2.6
$20,000–$24,999	10.5	32.9	56.6	–
$25,000–$30,000	10.4	52.1	35.4	2.1
Marital Status				
Married	12.8	32.3	54.9	–
Single, never married	20.6	42.0	35.4	2.1
Divorced	13.0	39.1	47.8	–

Figure 3–26
Change How Lay Baby Based on Mother/Grandmother: Demographic Characteristics (%)

- Women with children are much less likely than those without to say they would change how they lay a baby based on motherly, grandmotherly, or pediatrician advice.
- Mothers from families earning $25,000 to $20,000 in annual household income are the most likely to say they would change how they lay a baby based on advice from their mother or grandmother.

- Respondents who are married are less likely than those who are single to say they would heed advice from a mother or grandmother regarding how they lay their babies to sleep.
- Mothers who feed their babies primarily formula are more likely than those who breastfeed to say they would follow a mother's or grandmother's advice on how to lay a baby to sleep.
- Women with babies under the age of 3 months are much less likely than those with older children to take the advice of a mother or grandmother regarding how to lay a baby to sleep.

"If your pediatrician, your baby's doctor, suggested you change the way you put your baby to sleep, would you be very likely, somewhat likely, or not at all likely to change?"

Based on the advice of a pediatrician, 91 percent of respondents would change the way that they put their babies to sleep—59 percent would be very likely to change, while 32 percent would be somewhat likely to change. As shown in Figure 3–27, this is consistent with findings from the last measurement.

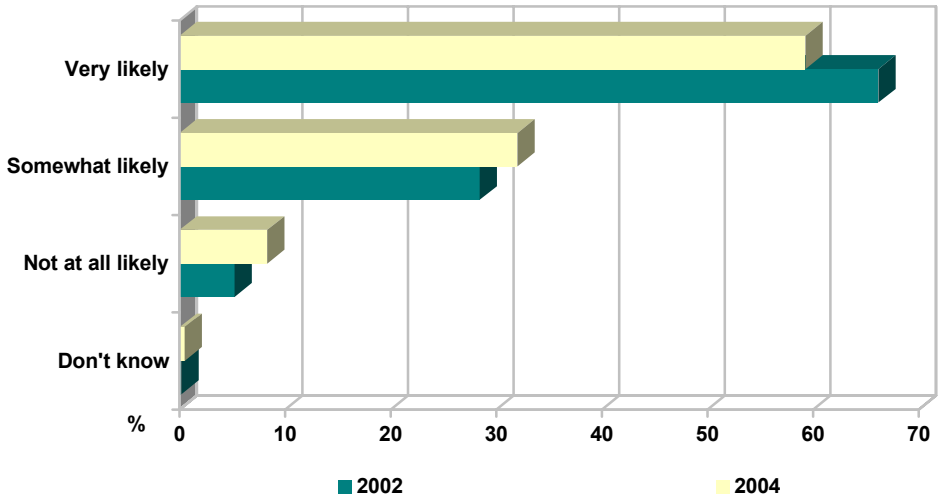

Figure 3–27
Change How Lay Baby Based on Pediatrician Influence

- Women who get most healthcare information via word of mouth are not likely to change how they lay their babies based on pediatrician feedback.
- Willingness to heed a pediatrician's advice on how to lay a child for sleep is highly related to willingness to heed motherly or grandmotherly advice on the same topic.

	Very likely	Somewhat likely	Not at all likely	Don't know
Total Sample	**59.3**	**32.0**	**8.3**	**0.5**
Children in Household				
Yes	48.4	39.4	11.4	0.8
No	78.1	19.2	2.7	–
Age of Youngest Child				
Less than 1 year	44.4	40.0	15.6	–
1 year	48.9	40.0	11.1	–
2 years	52.8	35.8	7.5	3.8
3 years	47.8	39.1	13.0	–
More than 3 years	48.3	40.2	11.5	–
No children	78.1	19.2	2.7	–
Respondent Age				
18–20 years	67.2	26.6	6.3	–
21–24 years	67.5	26.3	4.4	1.8
25–29 years	52.7	36.5	10.8	–
Pregnant				
Yes	45.8	45.8	4.2	4.2
No	60.1	31.1	8.5	0.3
Level of Education				
Less than HS deg	60.8	35.3	3.9	–
High school degree	50.0	38.0	10.0	2.0
Some college	61.8	29.7	8.5	–
Bachelor/Associate degree	65.2	24.6	10.1	–
Postgraduate work	60.0	40.0	–	–
Ethnicity				
African-American	63.4	26.7	9.9	–
Hispanic	42.9	14.3	42.9	–
Caucasian	55.7	37.5	5.7	1.0
Other Ethnicity	50.0	50.0	–	–
Annual Household Income				
Less than $10,000	52.1	35.4	11.5	1.0
$10,000–$19,999	58.6	31.9	8.6	0.9
$20,000–$24,999	67.1	25.0	7.9	–
$25,000–$30,000	60.4	31.3	8.3	–
Marital Status				
Married	49.6	42.9	7.5	–
Single, never married	66.3	25.5	7.8	0.4
Divorced	39.1	39.1	17.4	4.3

Figure 3–28
Change How Lay Baby Based on Pediatrician Influence: Demographic Characteristics (%)

- African-American mothers are much more likely than Caucasian mothers to acknowledge they would change how they lay a baby to bed if pediatrician advice suggested they do so.
- Single mothers are more likely than married mothers to change how they lay a baby to sleep in response to advice from a pediatrician.

- Women over the age of 24 are more likely than younger women to say they would heed advice of a pediatrician regarding how to lay a baby to sleep.

KEY FINDING

Single African-American mothers over the age of 24 are the most women to follow pediatrician recommendations for positioning a baby for sleep.

"If you learned that a certain sleeping position could increase a baby's risk of SIDS/crib death, how likely would you be to change how you lay a baby to sleep—would you be very likely, somewhat likely, or not at all likely to change how you put a baby to sleep?"

Figure 3–29 shows that respondents are as likely as they were in 2002 to change how they lay their babies to sleep in response to learning of risks associated with certain sleeping positions. That is, nearly all (95 percent) would be very (83 percent) or somewhat likely (12 percent) to change.

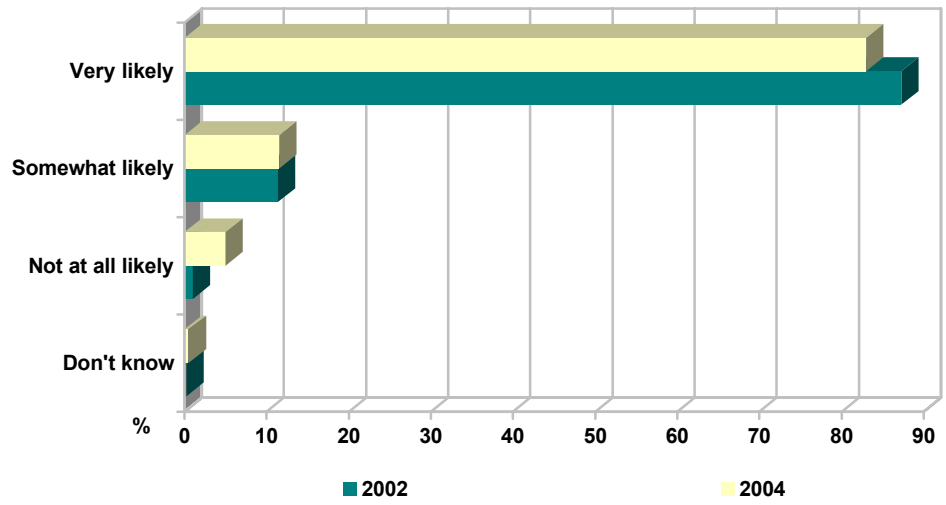

Figure 3–29
Change How Lay Baby Based on Learning

KEY FINDING

As in 2002, virtually all (95 percent) women would be very (83 percent) or somewhat likely (12 percent) to change the way they lay their babies to sleep in response to learning risks associated with certain sleeping positions.

	Very likely	Somewhat likely	Not at all likely	Don't know
Total Sample	**83.0**	**11.5**	**5.0**	**0.5**
Children in Household				
Yes	79.5	13.4	6.3	0.8
No	89.0	8.2	2.7	–
Age of Youngest Child				
Less than 1 year	73.3	17.8	8.9	–
1 year	80.0	13.3	6.7	–
2 years	83.0	9.4	5.7	1.9
3 years	65.2	21.7	8.7	4.3
More than 3 years	83.9	11.5	4.6	–
No children	89.0	8.2	2.7	–
Respondent Age				
18–20 years	89.1	7.8	3.1	–
21–24 years	80.7	12.3	5.3	1.8
25–29 years	82.4	12.2	5.4	–
Pregnant				
Yes	87.5	–	8.3	4.2
No	82.7	12.2	4.8	0.3
Level of Education				
Less than HS deg	80.4	15.7	2.0	2.0
High school degree	78.0	13.0	8.0	1.0
Some college	86.7	9.1	4.2	–
Bachelor/Associate degree	81.2	13.0	5.8	–
Postgraduate work	93.3	6.7	–	–
Ethnicity				
African-American	86.9	8.9	4.2	–
Hispanic	57.1	14.3	28.6	–
Caucasian	79.7	14.1	5.2	1.0
Other Ethnicity	87.5	12.5	–	–
Annual Household Income				
Less than $10,000	82.3	11.5	5.2	1.0
$10,000–$19,999	83.6	11.2	5.2	–
$20,000–$24,999	80.3	10.5	9.2	–
$25,000–$30,000	85.4	12.5	2.1	–
Marital Status				
Married	78.9	14.3	6.0	0.8
Single, never married	86.4	9.1	4.1	0.4
Divorced	69.6	21.7	8.7	–

Figure 3–30
Change How Lay Baby Based on Learning: Demographic Characteristics (%)

- Women with infants older than 6 months are more likely than those with younger babies to say they would change how they lay a baby to sleep based on recently learning it's best to do so.
- Women residing in rural areas have less tendency than those living in urban or suburban areas to say they would likely change the position they put their baby to sleep if they learned that doing so could decrease the risk of SIDS.

"If you learned that smoking could increase a baby's risk of SIDS/crib death, how likely would you be to prevent anyone smoking near the baby an in your household—would you be very likely, somewhat likely, or not at all likely?"

As indicated in Figure 3–31, nearly all (98 percent) women would prohibit smoking near their babies if they learned that smoking around a baby can increase the risk of SIDS. This is parallel with findings from two years ago.

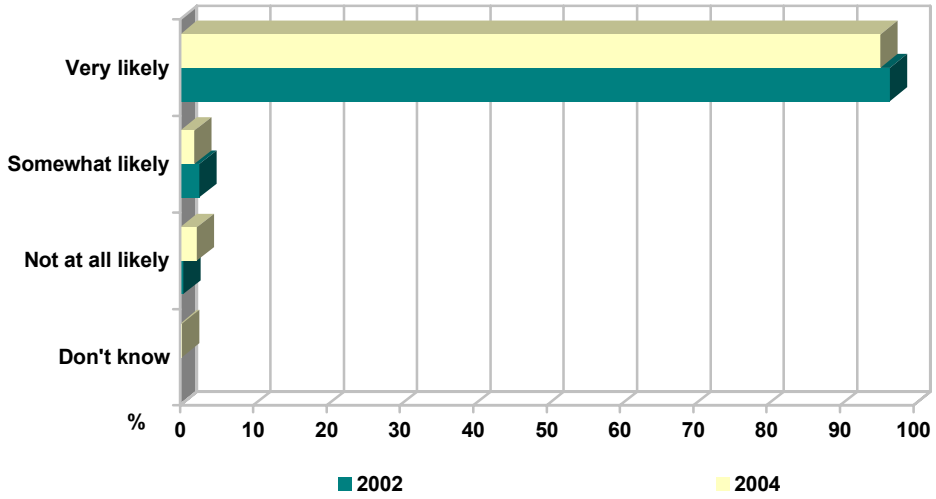

Figure 3–31
Prohibit Smoke Around Baby Based on Learning

- Women with children over the age of 9 months are more likely than those with younger babies to say they would prevent smoking around their babies if they learned it was linked to the occurrence of SIDS.
- Mothers living with people who would be smoking around a baby in the house are much less likely than those without such smokers around to say they would prohibit smoking around their babies if the learned exposure was linked to SIDS.

Demographic characteristics of the respondents are shown in Figure 3–32 according to their likelihood of prohibiting smoking around their babies.

	Very likely	Somewhat likely	Not at all likely	Don't know
Total Sample	**95.5**	**2.0**	**2.3**	**0.3**
Children in Household				
Yes	96.5	1.2	2.0	0.4
No	93.8	3.4	2.7	–
Age of Youngest Child				
Less than 1 year	93.3	–	4.4	2.2
1 year	95.6	4.4	–	–
2 years	96.2	1.9	1.9	–
3 years	95.7	–	4.3	–
More than 3 years	98.9	–	1.1	–
No children	93.8	3.4	2.7	–
Respondent Age				
18–20 years	95.3	3.1	1.6	–
21–24 years	96.5	0.9	2.6	–
25–29 years	95.0	2.3	2.3	0.5
Pregnant				
Yes	91.7	4.2	4.2	–
No	95.7	1.9	2.1	0.3
Level of Education				
Less than HS deg	94.1	3.9	–	2.0
High school degree	92.0	3.0	5.0	–
Some college	97.0	1.2	1.8	–
Bachelor/Associate degree	97.1	1.4	1.4	–
Postgraduate work	100.0	–	–	–
Ethnicity				
African-American	96.3	1.6	2.1	–
Hispanic	71.4	14.3	14.3	–
Caucasian	95.3	2.1	2.1	0.5
Other Ethnicity	100.0	–	–	–
Annual Household Income				
Less than $10,000	95.8	2.1	2.1	–
$10,000–$19,999	97.4	1.7	0.9	–
$20,000–$24,999	92.1	3.9	3.9	–
$25,000–$30,000	95.8	–	4.2	–
Marital Status				
Married	94.0	2.3	3.8	–
Single, never married	95.9	2.1	1.6	0.4
Divorced	100.0	–	–	–

Figure 3–32
Prohibit Smoke Around Baby Based on Learning: Demographic Characteristics (%)

"If you learned that keeping stuffed animals and toys in the crib while a baby is sleeping could increase the baby's risk of SIDS/crib death, how likely would you be to keep toys and stuffed animals out of a baby's crib while it is sleeping? Would you be very likely, somewhat likely, or not at all likely?"

As indicated in Figure 3–33, ninety-five percent of all respondents are very likely to not place toys and stuffed animals inside a baby's crib if they learn that it may increase the risk of SIDS.

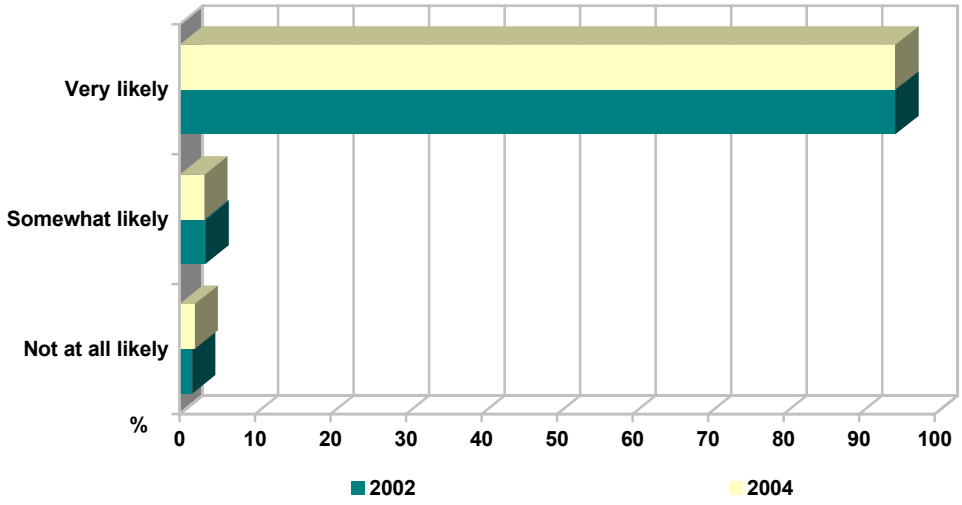

Figure 3–33
Avoid Stuffed Animals and Toys in Crib Based on Learning

KEY FINDING

Nearly all women surveyed would not allow smoke around their infants nor place stuffed animals in their infants' beds if they learned such practices could increase the baby's risk of SIDS/crib death.

Likelihood of avoiding stuffed animals and toys in a baby's crib is stratified by respondent demographics in Figure 3–34.

	Very likely	Somewhat likely	Not at all likely
Total Sample	**94.8**	**3.3**	**2.0**
Children in Household			
Yes	94.9	3.1	2.0
No	94.5	3.4	2.1
Age of Youngest Child			
Less than 1 year	93.3	2.2	4.4
1 year	93.3	4.4	2.2
2 years	96.2	1.9	1.9
3 years	95.7	4.3	–
More than 3 years	95.4	3.4	1.1
No children	94.5	3.4	2.1
Respondent Age			
18–20 years	92.2	6.3	1.6
21–24 years	96.5	1.8	1.8
25–29 years	94.6	3.2	2.3
Pregnant			
Yes	95.8	4.2	–
No	94.7	3.2	2.1
Level of Education			
Less than HS deg	90.2	5.9	3.9
High school degree	93.0	4.0	3.0
Some college	95.8	3.0	1.2
Bachelor/Associate degree	97.1	1.4	1.4
Postgraduate work	100.0	–	–
Ethnicity			
African-American	95.3	2.6	2.1
Hispanic	71.4	28.6	–
Caucasian	94.8	3.1	2.1
Other Ethnicity	100.0	–	–
Annual Household Income			
Less than $10,000	90.6	5.2	4.2
$10,000–$19,999	97.4	1.7	0.9
$20,000–$24,999	94.7	3.9	1.3
$25,000–$30,000	91.7	4.2	4.2
Marital Status			
Married	94.0	4.5	1.5
Single, never married	95.1	2.5	2.5
Divorced	95.7	4.3	–

Figure 3–34
Avoid Stuffed Animals/Toys in Crib Based on Learning: Demographic Characteristics (%)

Appendix A

Survey Instrument

SIDS Awareness

TELEPHONE SURVEY INSTRUMENT

SAURAGE RESEARCH, INC.

Hello, this is _____ with Saurage Research, an independent market research firm. We are conducting a short survey of women in Louisiana about healthcare for children. The survey will only take about 10 minutes and all of your answers will remain confidential.

A Do you have a few minutes to share your opinions with me?
Yes *[Go to DM]*
[*If respondent is concerned, go to B]*

B We are not selling anything and your name will not be used in any way as a result of this study. *[Go to DM]*

GN **DO NOT ASK** Gender
Female (1)
Male (2) *[Ask to speak with female]*

Age What is your age?
____ years
Under 18 years *[Ask to speak with female 18-29 years]*
30 years or older *[Ask to speak with female 18-29 years]*

Kids1 Do you have any children?
Yes (1)
No (2)

Kids2 *[Ask if Kids1=1]* What are their ages? *[record as kids2a, kids2b, kids2c, kids2d, etc]*
____ years *[If under 1 year, convert months to nearest ¼ year]*

Q1 Based on what you know or may have heard or read, what is the most common cause of unexpected death for children between the ages of 1 month and 1 year? *[Probe for another common cause of death for infants]; code as q1.1, q1.2]*
SIDS (1)
Crib death (2)

Accident (3)
Other (88), specify _____
Don't know (98)

Q2 Please tell me if you are familiar with each of the following terms. The first one is…*[rotate]*
Yes (1)
No (2)

Q2sids *[Skip if Q1=1]* SIDS
Q2crib *[Skip if Q1=2]* Crib death
Q2pink Conjunctivitis

Q2a.sids *[Ask if Q1=2]* Have you ever heard the term before today?

[If Q2a.sids=2, go to Q3c]

Yes (1)
No (2)

[ONLY if respondent is unfamiliar with SIDS]
[Programmer: Q1>1 and Q2sids = (2)]

SIDS is when a healthy baby dies suddenly, usually when it is sleeping. Crib death is another term for SIDS.

[Go to Q3c]

Q3a How did you first hear about SIDS/crib death?
Family/friends (1)
Doctor (2)
Nurses or other medical professional (3)
Brochure (4)
Newspaper (5)
Magazine (6)
Television (7)
Radio (8)
Internet (9)
Other (88), specify _____
Don't know (98)

Q3b Where do you get most of your information about SIDS/crib death? *[Use list in Q3a]*

Q3c Where do you get most of your information on healthcare in general? *[Use list in Q3a]*

Q4 In your opinion, which of the following is the best position to lay a baby down to sleep so that he or she will stay asleep…*[rotate]*
On his stomach (1)
On his back (2)
On his side (3)
Don't know (98)

Q4a In your opinion, what is the safest position to lay a baby down to sleep …*[rotate]*
On her stomach (1)
On her back (2)
On her side (3)
Don't know (98)

BED Where do you place your baby when it is time for him or her to go to sleep?
Crib (1)
Sofa (2)
Playpen (3)
Floor (4)
A Bed (5)
Other (88) *[Specify _____]*
Don't know (98)

Q5a2 *[Ask if kids2a – kids2z <= 1 year]* Please tell me if your baby sleeps with any of the following in his or her crib or bed…*[rotate]*
Yes (1)
No (2)
Q5a2.1 Comforters
Q5a2.2 Pillows
Q5a2.3 More than one blanket
Q5a2.4 Toys
Q5a2.5 Stuffed animals
Q5a2.6 Another child
Q5a2.7 A parent or other adult

Q5b2 *[Ask if kids2a – kids2z > 1 year]* When your youngest child was less than a year old, please tell me if he or she slept with any of the following in the crib or bed…*[rotate]*
Yes (1)
No (2)
Don't know/remember (98)
Q5b2.1 Comforters
Q5b2.2 Pillows
Q5b2.3 More than one blanket
Q5b2.4 Toys
Q5b2.5 Stuffed animals
Q5b2.6 Another child
Q5b2.7 A parent or other adult

Q6 Please tell me if each of the following increases or decreases the risk of SIDS/ crib death for an infant under the age of 1 year. Does it increase or decrease the risk of SIDS/ crib death if a baby sleeps in bed or a crib with: *[rotate]*
Increases risk of SIDS/crib death(1)
Decreases risk of SIDS/crib death (2)
Has no effect (3)
Don't know (98)
Q6.1 Comforters
Q6.2 Pillows

Q6.3 More than one blanket
Q6.4 Toys
Q6.5 Stuffed animals
Q6.6 Another child
Q6.7 A parent or other adult

Q7 *[Ask if Kids1=1]* Are you currently breastfeeding or did you breastfeed your youngest child?
Yes (1)
No (2)

Q7a *[Ask if Q7=1]* For how many months have you been or did you breastfeed your child? ____ months

Q8 *[Ask if Kids1=2]* If you were to have a baby, do you think you would you mostly breastfeed or formula-feed the baby during the first 3 months?
Breastfeed (1)
Formula-feed (2)

Q9a If your mother or grandmother suggested you change the way you put your baby to sleep, would you be very likely, somewhat likely, or not at all likely to change?
Very likely (1)
Somewhat likely (2)
Not at all likely (3)
Don't know (98)

Q9b If your pediatrician, your baby's doctor, suggested you change the way you put your baby to sleep, would you be very likely, somewhat likely, or not at all likely to change?
Very likely (1)
Somewhat likely (2)
Not at all likely (3)
Don't know (98)

Q9c If you learned that a certain sleeping position could increase a baby's risk of SIDS/crib death, how likely would you be to change how you lay a baby to sleep—would you be very likely, somewhat likely, or not at all likely to change how you put your baby to sleep?
Very likely (1)
Somewhat likely (2)
Not at all likely (3)
Don't know (98)

Q10a If your mother or grandmother suggested you keep your baby away from cigarette smoke, would you be very likely, somewhat likely, or not at all likely to prevent anyone smoking near the baby or in your household?
Very likely (1)
Somewhat likely (2)
Not at all likely (3)
Don't know (98)

Q10b If your pediatrician, your baby's doctor, suggested you keep your baby away from cigarette smoke, would you be very likely, somewhat likely, or not at all likely to prevent anyone smoking near the baby or in your household?
Very likely (1)
Somewhat likely (2)
Not at all likely (3)
Don't know (98)

Q10c If you learned that smoking could increase a baby's risk of SIDS/crib death, how likely would you be to prevent anyone smoking near the baby and in your household—would you be very likely, somewhat likely, or not at all likely?
Very likely (1)
Somewhat likely (2)
Not at all likely (3)
Don't know (98)

Q11a If your mother or grandmother suggested you keep toys and stuffed animals out of your baby's crib while it's sleeping, would you be very likely, somewhat likely, or not at all likely to do so?
Very likely (1)
Somewhat likely (2)
Not at all likely (3)
Don't know (98)

Q11b If your pediatrician, your baby's doctor, suggested you keep toys and stuffed animals out of your baby's crib while it's sleeping, would you be very likely, somewhat likely, or not at all likely to do so?
Very likely (1)
Somewhat likely (2)
Not at all likely (3)
Don't know (98)

Q11c If you learned that keeping stuffed animals and toys in the crib while a baby is sleeping could increase the baby's risk of SIDS/ crib death, how likely would you be to keep toys and stuffed animals out of a baby's crib while it's sleeping—would you be very likely, somewhat likely, or not at all likely?
Very likely (1)
Somewhat likely (2)
Not at all likely (3)
Don't know (98)

The following questions are for statistical purposes only.

Q12a *[Ask if kids2a – kids2z <= 1 year]* In what position do you lay your baby down to sleep most of the time?
On his stomach (1)
On his back (2)
On his side (3)

Q12b *[Ask if kids2a – kids2z > 1 year]* When your youngest child was <u>less than a year old</u>, in what position did you lay him or her down to sleep most of the time?

On his stomach (1)
On his back (2)
On his side (3)
Don't know/remember (98)

Smoke Do you currently smoke cigarettes or cigars?
Yes (1)
No (2)

Smoke2 *[Ask if Smoke=2]* Have you ever smoked cigarettes or cigars on a regular basis?
Yes (1)
No (2)

Smoke3 Not including yourself, is there anyone in your household who currently smokes cigarettes or cigars?
Yes (1)
No (2)
Don't know (98)

Smoke4 Is there anyone who is currently or would be smoking cigarettes or cigars if there were a baby in the household?
Yes (1)
No (2)
Don't know (98)

Smoke5 *[Ask if Smoke4=1]* Who?
Parents of baby (1)
Someone at home with baby other than parents (2)
Daycare or babysitter (3)
Visitor (4)

Preg Are you currently pregnant?
Yes (1)
No (2)

EDU What is the highest level of education you have completed?
Eighth grade or less (1)
Some high school (2)
High school diploma (3)
Some college or technical school (4)
Bachelors or associates degree (5)
Post graduate study (6)

ETHN Would you describe yourself as: *[read]*
African-American (1)
Hispanic (2)
White (3)
Or from another ethnic background (5), specify _____

INC Please tell me your total annual household income before taxes. Is it…

Less than $10,000 (1)
$10,000 - $19,999 (2)
$20,000 - $29,999 (3)
$30,000 – $35,000 (4)
$35,000 or more (5)
Refused (99)

Marital Which of the following best describes your marital status:
Married (1)
Single, never married (2)
Divorced (3)
Widowed (4)

HH Including yourself, how many people currently live in your household? _____

INS Which one of the following types of health insurance do you have for your youngest child?
Private insurance (1)
Medicaid or LaChip (2)
Not currently insured (3)
Other (88), specify _____
Don't know (98) – DO NOT READ

Zip Autorecord from sample

That's the end of our survey. Thank you very much for your time and have a good day.

Appendix B

Survey Demographics

Survey Demographics (%)

	18-20 years (*n* = 64)	21-24 years (*n* = 114)	25-29 years (n = 222)	Total (*N* = 400)
Number of Children				
No children	65.6	50.0	21.2	36.5
1 child	31.3	29.8	30.2	30.3
2 children	1.6	11.4	27.0	18.5
3 or more children	1.6	8.8	21.6	14.8
Annual Household Income				
Less than $10,000	42.2	29.8	15.8	24.0
$10,000–$19,999	15.6	33.3	30.6	29.0
$20,000–$24,999	10.9	15.8	23.0	19.0
$25,000–$30,000	6.3	8.8	15.3	12.0
Refused	25.0	12.3	15.3	16.0
Level of Education				
Less than HS deg	28.1	13.2	8.1	12.8
High school degree	28.1	21.1	26.1	25.0
Some college	43.8	42.1	40.1	41.3
Bachelor/Associate degree	–	21.9	19.8	17.3
Postgraduate work	–	1.8	5.9	3.8
Ethnicity				
African-American	57.8	45.6	45.9	47.8
Hispanic	1.6	0.9	2.3	1.8
Caucasian	40.6	50.9	48.6	48.0
Other Ethnicity	–	1.8	2.7	2.0
Pregnant				
Yes	7.8	7.0	5.0	6.0
No	92.2	93.0	95.0	94.0
Smoke				
Yes	17.2	21.1	23.0	21.5
No	82.8	78.9	77.0	78.5
Marriage Status/Mom				
Married	15.6	23.7	43.2	33.3
Single, never married	84.4	71.1	48.6	60.8
Divorced	–	5.3	7.7	5.8
Widowed	–	–	0.5	0.3

(continued)

	18-20 years (*n* = 64)	21-24 years (*n* = 114)	25-29 years (n = 222)	Total (*N* = 400)
Breast feed/Formula Feed				
Breast feed	73.8	80.7	68.1	74.7
Formula feed	26.2	15.8	31.9	24.0
Don't know	–	3.5	–	1.4
Insurance for child				
Private Insurance	18.2	21.2	33.3	29.3
Medicaid or LAChip	77.3	75.0	63.0	66.9
No Insurance	4.5	3.8	2.4	2.9
Other	–	–	0.6	0.4
Don't know	–	–	0.6	0.4

Appendix C

Table of Error Rates

The table on the next page can be used to determine the rate of error associated with various bi-nomial responses within the figures included in this report.

Table of Random Sampling Error Ranges

Based on Two Standard Deviations --- At 95% Confidence

Range of Error When Percentages are as Follows:

Size of Sample	.5% or 99.5%	1% or 99%	2% or 98%	3% or 97%	4% or 96%	5% or 95%	10% or 90%	20% or 80%	30% or 70%	40% or 60%	or 50%
25	2.8%	3.9%	5.5%	6.7%	7.7%	8.5%	11.8%	15.7%	18.0%	19.2%	19.6%
50	2.0%	2.8%	3.9%	4.7%	5.4%	6.0%	8.3%	11.1%	12.7%	13.6%	13.9%
75	1.6%	2.3%	3.2%	3.9%	4.4%	4.9%	6.8%	9.1%	10.4%	11.1%	11.3%
100	1.4%	2.0%	2.7%	3.3%	3.8%	4.3%	5.9%	7.8%	9.0%	9.6%	9.8%
150	1.1%	1.6%	2.2%	2.7%	3.1%	3.5%	4.8%	6.4%	7.3%	7.8%	8.0%
200	1.0%	1.4%	1.9%	2.4%	2.7%	3.0%	4.2%	5.5%	6.4%	6.8%	6.9%
250	0.9%	1.2%	1.7%	2.1%	2.4%	2.7%	3.7%	5.0%	5.7%	6.1%	6.2%
300	0.8%	1.1%	1.6%	1.9%	2.2%	2.5%	3.4%	4.5%	5.2%	5.5%	5.7%
350	0.7%	1.0%	1.5%	1.8%	2.1%	2.3%	3.1%	4.2%	4.8%	5.1%	5.2%
400	0.7%	1.0%	1.4%	1.7%	1.9%	2.1%	2.9%	3.9%	4.5%	4.8%	4.9%
450	0.7%	0.9%	1.3%	1.6%	1.8%	2.0%	2.8%	3.7%	4.2%	4.5%	4.6%
500	0.6%	0.9%	1.2%	1.5%	1.7%	1.9%	2.6%	3.5%	4.0%	4.3%	4.4%
550	0.6%	0.8%	1.2%	1.4%	1.6%	1.8%	2.5%	3.3%	3.8%	4.1%	4.2%
600	0.6%	0.8%	1.1%	1.4%	1.6%	1.7%	2.4%	3.2%	3.7%	3.9%	4.0%
650	0.5%	0.8%	1.1%	1.3%	1.5%	1.7%	2.3%	3.1%	3.5%	3.8%	3.8%
700	0.5%	0.7%	1.0%	1.3%	1.5%	1.6%	2.2%	3.0%	3.4%	3.6%	3.7%
750	0.5%	0.7%	1.0%	1.2%	1.4%	1.6%	2.1%	2.9%	3.3%	3.5%	3.6%
800	0.5%	0.7%	1.0%	1.2%	1.4%	1.5%	2.1%	2.8%	3.2%	3.4%	3.5%
900	0.5%	0.7%	0.9%	1.1%	1.3%	1.4%	2.0%	2.6%	3.0%	3.2%	3.3%
1000	0.4%	0.6%	0.9%	1.1%	1.2%	1.4%	1.9%	2.5%	2.8%	3.0%	3.1%
1100	0.4%	0.6%	0.8%	1.0%	1.2%	1.3%	1.8%	2.4%	2.7%	2.9%	3.0%
1200	0.4%	0.6%	0.8%	1.0%	1.1%	1.2%	1.7%	2.3%	2.6%	2.8%	2.8%
1600	0.3%	0.5%	0.7%	0.8%	1.0%	1.1%	1.5%	2.0%	2.2%	2.4%	2.5%
2400	0.3%	0.4%	0.6%	0.7%	0.8%	0.9%	1.2%	1.6%	1.8%	2.0%	2.0%
3200	0.2%	0.3%	0.5%	0.6%	0.7%	0.8%	1.0%	1.4%	1.6%	1.7%	1.7%
4800	0.2%	0.3%	0.4%	0.5%	0.6%	0.6%	0.8%	1.1%	1.3%	1.4%	1.4%

Chances are 95 in 100 that the sample figures will not differ from "true" figures for the total population in the survey areas by an amount greater than the percentages given above.